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THE INDIAN

HOMEOPATHIC REVIEW:

A Monthly Journal of Homeopathy and Collateral Sciences.

Vol. XIX

JANUARY 15, 1910.

No. 1.

NEW YEAR.

With the advent of the year 1910, the Indian Homeopathic Review launches on the 19th year of its existence. That the journal has been in exitence these years is one of the best proofs of its usefulness. At the beginning it was a periodical, half of which was written in the vernacular and the other half in English. For the last five years it has been written entirely in English and the reading matter has been doubled its former quantity. We have received support in everyhand. The Bengali readers have been disappointed at the non-appearance of the Vernacular portion, but their number has been exceedingly small. We are grateful to all our subscribers and readers for the uniform support, we have received not only in Calcutta or India but also from foreign countries such as England and America. As we have had to work rather single-handed, the management of the paper has not been exactly what might be desired. The Journal has been rather irregular in its appearance, but it has always been our intention to give our readers substantial reading matter and towards that end we have spared no pains. During the present year, we hope to be able to manage our work better as we expect a new member to be added to our management, when we hope to be more punctual in our appearance.

INDIAN HOMEOPATHIC REVIEW.

It is most gratifying to note the spread of homeopathy in all directions all over the world. America has taken the lead in the propagation of this new system of treatment. The many Colleges in the different towns of the United States have done excellent work. The American Institute of Homeopathy, the largest Association of its kind has been doing excellent work. The last session held in June 1909, was a very successful one. Many interesting papers were read and it was most interesting and profitable for those who were fortunate enough to be able to attend its sessions. Efforts are continually being made to improve the status and standard of the Colleges. From a four years graded course, a five years course has been introduced. As many students are going from India now-a-days and some of them have taken advantage of the goodness of the American people, Dr. P. C. Majumdar has been taken in the intercollegiate committee of the Institute, and he has been requested to look into the credentials of all the students that start from India henceforth. Dr. Majumdar has therefore requested the Calcutta Homeopathic Society to form a committee who will look after this affair, and it is most important that it should be looked after carefully, as the future of homeopathy in India will depend to a great extent on this.

In England also the year has been very propitious. The Lord Mayor, Sir John Truscot Bart has inaugurated a Lord Mayor's Fund of £50,000 for the Establishment of Cottage hospitals in different parts of the kingdom for the propagation of Homeopathy The British Homeopathic Cougress was held in London and had a most interesting meeting. Here in India particularly Calcutta and Bengal homeopathy has made much progress. formation of the Calcutta Homeopathic Hospital Society and the building proceedings of the hospital are good assets to our stock. Our best thanks are due to Dr. D. N. Roy for his indefatigable exertion and untiring energy for the foundation of the Calcutta Homeopathic Hospital, and we are proud to think that we have been able to associate ourselves with him in this noble work. The two principal schools have been united and through the energery and exertions of our colleagues Drs. G. L. Gupta and S. K. Nag, the standard of the school has been much improved. The Calcutta Homeopathic Society has also done much good work, Dr. B. B. Chatterji was the President and Dr. S. Goswami the Secretary of the Society last year. Dr. J. N. Ghose has been elected President and Dr. A. N. Mukherji, Secretary for the present year, and we hope they will do their best for the Society.

Now wishing all our subscribers and readers a most happy and prosperous new year, we start on our work for the present year.

J. N. M.

INDIVIDUALIZATION.

Opening, Address, Session 1909-1910, Homeopathic Department, University of Michigan, October 5, 1909.

BY THE DEAN.

The study and practice of medicine presents to the student and the practitioner, necessarily, different phases. The Sophomore has different ideas of the subject from those he entertained when he entered upon his study. As he advances through his course, his views continue to change as subjects are passed and as new ones are taken up. The physician just entering upon practice, practically becomes a freshman again in a new school of experience and, as he advances and develops, his horizen widens so that at the close of his active life he observes, how like a flower he has been an unfolding bud, coming perhaps, only to full bloom just as he sees he must give his place in the garden to other plants that are shooting up about him.

There are three general chapters of a physician's life. The first in his college course, his student and hospital days. His struggle to become established in a business that will earn for himself a livelihood, and that will make him of large benefit to his fellow men, is the second. The third is the period of busy activity, springing,

not usually suddenly, but gradually, by patience, application and increasing wisdom out of the second.

As those before me are in, or are entering upon, the first stage of their professional careers, I may consider, for a few moments, that phase of medical life more in detail. The four-year course in medicine divides itself, pretty sharply, into two periods. The first is the period when especial attention is given to the scientific studies necessary to an understanding of what comes after, in the period of practical, in contradistinction to theoretical subjects. The second period is that of the study of the practical applications of scientific principles to the relief of human suffering.

The time was, and not so very long ago, when the first group of these studies received, even in the best colleges, but minor attention. In fact, there is reason to believe, that this state of affairs exists, to considerable degree, to this time, in some quarters. We hear a great deal about scientific medicine, or the study of Medical Science. The purely scientific aspect of medicine to-day is in the laboratory of the chemist, the physiologist, the bacteriologist, the histologist, the pathologist. Medicine in the hospital, at the beside, in the operating room, is largely an art. It is, even in this day, often asked, that since prescribing, feeding, nursing, operating, dressing is so largely mechanical and can be so well learned by imitation, why burden the student with the scientific theories, the ultimate composition of medicines and the testing of them experimentally the ingredients and nature of foods, the discovery of germs, the analysis of secretions and excretions, the nature of the atmosphere and the character of adventitious growths? Why not make of the student a kind of apprentice and teach him medicine and operating as a trade; and not as an embodiment of a large number of elementary sciences? The older colleges did this very largely and the course consisted of two short terms of study. Later, another year was added and, finally, four years of nine or ten month's study are universally required. The tendency is to advance the time of study, even, very much beyond that. As a preparatory step, this

college offers an elective fifth year in anticipation of the time when it will be obligatory by law.

There are two kinds of doctors, the scientific and the empiric. The scientific physician is not satisfied with anything less than a thorough understanding of the causes of diseases, the composition of materials with which he deals their mode of action and the biological principles concerned with reproduction, growth, nutrition and all that is included in the great science of physiology. The empire is the imitator, the superficial, the man who has learned and who practices medicine as an apprentice pursues his trade. A distinction has been made between the practitioner of medicine and the scientifically trained physician. One of the chief differences is the one has learned from some one else what is safe and expedient to do without analyzing the situations with which he is confronted or reasoning upon the actions of what he administers for relief. The other, by his training applies himself to every situation as one who is able to comprehend the physiological, anatomical, and therapeutical changes and actions present or striven for. The modern school of medicine aims to give the student necessary training and ability to apply scientific reasoning to his every-day problems. In order to give him the broadest possible means to this end; universities have established medical departments. Doctor H. W. Howell of Johns Hopkins University, in a recent adress, used the following language: -- "Our best schools are no longer private enterprises; they constitute a part of a University whose functions are solely to advance the public good and not in any way to exploit private interests.

"As has been well said by one who speaks with great authority, the University discharges its direct duties to the public in two general ways by teaching and investigation; by providing systematic instruction in all forms of that knowledge which has been accumulating from the beginning of our race, and by promoting all good methods for increasing knowledge. These duties are reformed through her teachers.

"She, therefore, selects her professors for their ability to teach and to investigate, and to insure that these functions are performed in the best possible way they are required to devote themselves entirely to her service." (Science, July 30, 1909).

I have sketched, in a very brief statement, what is meant by the term turned physician and indicated the best place in which to become one.

Let it never be forgotten, however, that the chief and only aim of the medical man, who wishes to put into practice what he learns, is treatment.

The term medicine itself, when strictly constructed, means the art of heling diseases by means of medicine. A thorough knowledge of anatomy, physiology, chemistry, pathology are necessary to the comprehension of the nature of diseases and the means of combating them.

Not only are these fundamental sciences essential, but all sciences that deal with the nature of man and with his environment can be made to contribute to the physician's store of useful knowledge.

I wish now to speak of one of the distinguishing features of our system. No one in the practice of medicine must have so full a comprehension of what I will call the detail of causes of diseases and the actions of medicines as the homoeopathist. If he understands the cause of diseases, he must remove them or make them inoperable, if possible. This is one of the fundamentals of Hahnemann's Organon. If he understands minutely the actions of individual medicines, he is in position to select and differentiate them accurately. There is no such thing possible in pure Homoeopathy as a drug mixture or what is called a compound. It is unthinkable in the homoeoparhic language. It is also unthinkable for us to give medicines for the names of diseases.

This is the distictive feature to which I refer. For example: when we diagnose a patient's ailment as pneumonia, we convey the idea of a specific and more or less anatomical state, But

when we ask: "What is good for pneumonia? or what to give for pneumonia, we are using a language foreign to our therapeutic system. While there is a pathological state called pneumonia each person afflicted has his own pneumonia.

No two persons with pneumonia are affected exactly alike. The expression of the disease depends upon the individual's age, state of nutrition vital resistance, condition of his other organs as the state of his heart, liver, nervous system, digestive tract etc. Pneumonia in a child is a very different state of physiological and anatomical affairs from the same disease in the aged. Pneumonia in a drunkard, in a person with a heavy heart valve with a retarded portal circulation, in a neurotic, in a person with a impressionable cerebro-spinal system, manifests itself very differently regardless of what may be a single exciting cause. Some people with pneumonia have chill predominating, others have turbulent fever, others suffer much pain, pain may have its time of aggravation and amelioration, some are delerious. children may have spasms, others suffocate, some are lethargic. others restless. The circumstances of the onset also enter into the picture, the rate of breathing, the character of the cough, if there be any, the nature of the expectoration, the eliminations from the body, the feeling of the skin, the expression of the faces. the attitude in bed, and many other things enter into the problem and individualize the practical sufferer, and to distinguish what may be called his personal pneumonia. I have seen it stated thus: "Your pnenmonia is not that of your neighbour, for you are not he; he is a child, an adult, a renex, previously healthy or not, thin or fat, in good health, or run down with care, work or starvation, or he has a pneumonia of a different etiological characrer." (Jacobi) The more naming of whatever be the etiology or character of pneumonia gives to the mind of the homeopathist, of course, a diagnosis of the disease, but not of the remedy. Our diagnosis is of two kinds: first determining the nature of and naming the ailment; second, selecting the remedy that corresponds to the state of the patient.

We treat patients not diseases. The name of a disease gives a vivid impression of the morbid process at work in a vital economy, but does not, in the least, give a clue to medicinal needs, as I have endeavoured to indicate.

To use the pneumonia state still further as an illustration; there are scores of remedies that are curative in pneumonia, but they like the expression of the disease, must also be particularized. There is the Aconite condition in pneumonia, the Veratrum viride condition, the Ferrum phosphoricum pneumonia, the Kali carbonicum pneumonia, the Phosphorus stage, the Bryonia complications, the Antimonium tartaricum cyanosis, the Lycopodium patient, the Hepar cough, the Stanum cough, the Arsenicum exhaustion, and so on through the list of remedies that may be counterparts of the sufferer in a particular phase of his illness. The remedy may be an unusual one just as the patient may be an unusual picture of what ails him. Individualization is the keynote of our applied therapy.

Not until lately, have I seen much stress of distinction put upon the expressionst hat a particular disease may make through the living organism, except among homeopathic practitioners with whom it is second nature. The quotation that I have given from Jacobi is very refreshing and shows him to be an advanced therapeutist. The commonest question for the routine or empirical doctor to ask is something like this: "What are you giving for pneumonia now?" "What is your treatment for typhoid fever?" "What would you advise for a case of rheumatism that I have?" etc. Let me admonish you, never become so slovenly as that. If a homeopathist is asked such a question, his answer is: "Give me the condition and symptoms of your patient, and I will assist you or suggest to you some remedies whose provings you may study."

The methods, if it may be dignified by calling it a methods, of prescribing for diseases by naming the diagnosis, is called the anatomical methods. If it were only scientific, or as the machinist would say: "If it would only work," what a simple matter the dispensing of drugs would be.

There always should be two chains of thought pass through the doctor's head before he gives medicine. First, what is the expression of the ailment in the particular individual; how is it playing upon the presonal organism second, what remedy in the materia medica is its counterpart or complement? That is to say, what remedy corresponds in its symptomatology to the disease as manifest in the particular case? By symptomatology we mean all the morbid states of body, mind and feeling in the patient at the time of the observation. We even go back of the time of observation. The anamnesis or history of the patient enters into the investigation. Many times some underlying taint, or what we call a dyscrasia, must receive due regard and attention before we can clear at the situation and assist nature in establishing perfect normality. The question is, "What remedy corresponds in its symptomatogy to the symptomatogy of the disease as manifest in the individual case.

There never has been a clearer statement of this proposition than that given by Hahnemann himself, in paragraphs 18-19 of his organon.

"It is then unquestionably true that, besides the totality of symptoms it is impossible to discover any other manifestation by which diseases could express their need of relief. Hence it undeniably follows that the totality of symptoms observed in each individual case of disease, can be the only indication to guide us in the selection of a remedy."

"Now since diseases are definable only as aberration from the state of health, which themselves by symptoms, and since a cure also becomes possible only by changing this aberrations of feeling back into the healthy state, we may readily understand how impossible it would be to cure diseases by medicines unless these possessed the power of altering the state of health dependent on feelings and functions of the organism. In fact the curative power of medicine must rest alone on their power of altering the sensorial condition of the body."

I wish to refer to a theory of treatment that has had a very popular reception and one upon which many seem to be still working. The discovery of the microbic origin of infectius diseases turned the attention of almost every one to the belief that all there is to do is to kill the microbe. The life period of the microbe killer is about to close. While germs excite specific disease it is quite impossible in the majority of infections to destroy the germs directly. Germs in a test tube, or upon culture media in the laboratory, are readily destroyed by chemicals, heat, cold, sunlight, etc., but it is quite a different matter to kill them when ensconced in the tissues of the living body while they are manufacturing products of a poisonous nature.

The poisons, and not the germs themselves, are usually the cause of the morbid pneumonia. I will again quote from Jacobi upon this point.

"If tuberculosis was the result of a bacillus, that bacillus had to be killed. Hot air blown into the lungs (Weigert) sulphide of Hydrogen (Berget) into the rectum, were expected to do that, but did not. If precurrococcus caused pneumonia, the easiest way to cure the latter was to go for the coccus. That has been done without success. Evidently our views concerning its nature have changed, are improved and more scientific, but our art is not yet abreast of our knowledge of the indications. Bacilli and cocci take their own time, meanwhile, we have to turn a way from them again to the individual, who wants to get well, individually well, no matter how much you know of the essential nature or symptoms of the thousand fellows who have their own pneumonia, not his."

One of the difficulties of the germ-killer theory, is that the diseased process is so far advanced before treated, that mischief beside that due to the mechanical presence of the growth, has been down. This, of course, applies to what we call general or constitutional diseases; not so much so, perhaps, to local, superficial or surgical states; but even then, the sooner the antiseptic is applied, the less liability there will be of chills, fevers, delirium, exhaustion, anemia and the other grave sequences

that must be combatted by the internist. Of course, will follow the common sense rule. "If you see a germ, kill it," but this is far, very far, from curing the effects of intoxications, and vital depravity which rests entirely with the therapeutist, but brings us back to the same methods that I have previously outlined. That is, cases must be differentiated and each one be treated as he is, and not as another man was.

I will not prolong this discussion further I hope I have made plain importance of individualization in the handling of the sick, who being our fellowmen, are entitled to be served and treated as we would desire to be served and treated ourselves, if we were in like circumstaces. I am sure we would like all that science and study can give us. We speak of medical skill; the best skill is that which is begotten of a thought understanding of medical and surgical principles and not that which is imitative.

As spokesman for this faculty, I will say, in closing, we welcome you and are conscientious in our statement; we believe you will never regret having enrolled with us. It will be our aim to help you and advice you whenever in class, or out of it, we can be of service.

TARENTULA HISPANA AND TARENTULA CUBENSIS.

- 1. These two spider poisons are adapted to highly nervous organisms especially choreic affections when whole body, or right arm and left leg are affected (left arm and right leg, Agaricus M.)
- 2. Constant movement of legs, arms, trunks with inability to do anything; twitching and jerking of muscles.
- 3. Restlessness, could not keep quiet in any position; must keep in motion, though walking \angle all symtoms (rev. of, Rhus, Ruta).
- 4. Hyperæsthesia: least excitement irritates, followed by languid sadness; extremes of tips of fingers.

- 5. Slight touch along the spine provokes spasmodic pain in thest and cardiac region.
- 6. Headache; intense, as if thousands of needles were pricking in the brain.
- 7. Abscesses, boils, felons, affected parts are of a bluish color (Lach), and atrocious burning pain (Anthra, Ars); the agony of a felon, compelling patient to walk the floor for nights.
 - 8. Malignant ulcers; carbuncle, anthrax; gangrene.
 - 9. Symptoms appear periodically.
- 10. Neuralgic headache \(\mu\) by noise, touch, strong light,7 by rubbing head against the pillow.
- 11. At every menstrual nisus, throat, mouth and tongue intolerably dry, especially when sleeping (Nux M.)
- 12. Sexual excitement extreme even to mania; spasm of uterus; pruritus vulva becomes intolerable.
- 13. Aggravation—Motion, touch of affected parts; noise, change of weather.
 - 14. Amelioration—In open air; music; rubbing affected parts.
- Dr. E. B. Nash says "It is one of the most efficacious remedies for boils, abscesses, felons, or swelling of any kind, when the tissues put on a bluish color, and there are intense burning pain. We used to think we had two great remedies in Arsenicum and Anthracinum for these swellings; but Tarentula Cubensis is simply wonderful. I have seen felons which had kept patients awake night after night walking the floor in agony from terrible pains so relieved in a very short time that they could sleep in perfect comfort until the swellings spontaneously discharged, and progressed to a rapid cure. It is a agony."

As some families are, now and then, troubled with hysterical fit of some of their female members and sometimes even with insanity we shall speak of both these troubles together.

Insanity—Paroxysm of insanity; she presses her head and pulls her hair; rests about six minutes, and then she begins again, with restlessness, complaining, and threatening; strikes her head with her hands, scratches herself, does not answer when questioned;

threatening manners and speech; restlessness of the legs; strikes her body, continues threatening; deep anguish, her clothes annoy her; continual restlessness, threatening words of destruction and death; a mocking laughter, and joy expressed in her continuance. Insanity on account of an unfortunate love. (Hyoscymus).

Hysteria—Severe attack of hysteria lasting half an hour, increased by moaning; relieved by sighing. Hysteria with bitter belching. Repeated yawning, which lasted for a quarter to half an hour. Beginning of insanity; they sing, dance, and cry, without terror. Ludicrous and lascivious hysteria in a woman of twentynine years; the patient had to be restrained by force. Great tacturnity and irritability; desires to strike himself and others. Desire to joke, to play, and to laugh; extreme gayety. Singing until becoming hoarse and exhausted. Fits of nervous laughing.

Sexual Organs—Male. Painfulness of the genitals; testicles relaxed and painful to touch; heaviness and pain in the testicles, considerable swelling of the right one. Excitement of the sexual appetite. Constant sexual excitement, which nothing can control.

Female—Swelling and induration of the uterus, which is the seat of contraction. Swelling and induration of uterus with difficulty of walking. Discharge of blood from the uterus, alternating with leucorrhea, which weakens considerably the patient. Menstruation more abundant than usual.

Heart—Procordial anxiety, tumultuous beating of the heart. Palpitation with sadness, inclined to tears, oppression, headache, with general perspiration and burning heat. Palpitation of the heart without any known cause. Severe palpitation, with murmur in the heart. Hard frequent pulse.

Fever—After an attack of insanity, general chill, severe shaking, horripilation, chattering of the teeth, compressive headache, burning thirst, with fear of drinking water which he craves afterwards. Chills and spinning during several hours; constant chill and coldness during four days, except in night when she sleeps. Scorching heat in the whole body, alternating with an icy coldness.

NILAMBAR HUI, Serajgunge (in Pabna.)

CLINICAL CASES.

Sulphur in constipation—A robust young European lady had been the victim of chronic constipation from a long time. She had been treated by many allopathic physicians of good standing without much benefit. Formerly purgative medicines did give her temporary relief but for the last year or two the purgatives were followed by good deal of suffering.

She came under my treat on the 14th July 1907. She had chronic homorrhoidal complaints. Had bleeding before but that has stopped now. There was burning of severe nature in anus. Constant inclination to pass stools. Hard black stools passed after great exertion.

After stools fulness and throbbing sensation in rectum. She was not satisfied with the passing of stools. Had to go several times without accomplishing anything. She had become hypochandriac with religious melancholia and a sinking feeling in the stomach.

Top of the head hot, ameliorated by open air and application of cold water.

No desire for meat, used to take much vegetable and fruits.

Sulphur 200 one dose dry on the tongue followed by six powders of placebo one every morning. Reported much better after a weak. Piles still troubling her. Placebo again.

Improvement stopped. She had some meat for her dinner and that gave her anal troubles again. Another dose of sulphur on the 3rd August and that completed the cure.

Castorium in Weakness—A medical man a friend of mine had an attack of Typhoid fever in July 1908, and though recovered from it under allopathic treatment could not recruit his health. He came to me and said he was very weak after this disease and could not work well, and his professional income had suffered a good deal.

I enquired all about his symptoms. They were many. He had very bad appetite, bowels generally constipated, no strength, after taking his meal he could not sit long, had sleepiness, a little

heavy meal caused considerable wind in the abdomen and probably more and insufficient stools, slight feverishness in the afternoon. I tried Nuxvom, Lycopod and Natrum Sulphur and Acid Phos. without much benefit. After asking him for more information I found, he had the following symptoms. After Typheid fever profuse sweat and profound weakness. This has been pointed out by late Dr. Farrington under castorium. I gave him a dose of the 6th decimal potency morning and evening.

He gained his strength in a few days time and sweating in head and neck disappeared almost by magic by the first or second dose of the medicine.

P. C. MAJUMDAR, M.D.

UNDER WHICH PATHY?

"Truth should be constantly advocated, because the great majority are constantly advocating error."

By W. T. Crispi, M. D., Middlebrough, England.

Many years ago when I was a small boy, it was a recognized custom to enquire, when any one recommended a medical practitioner, how many people died under him, and if the death. rate was low the enquirer usually went to him for advice, but, if on the other hand he had many deaths, he was carefully avoided.

From the simple domestic treatment of those days, I often wonder with all the complex methods of treatment at various diseases now whether the death rate is not higher in these advanced times than it was in those early days of general practice.

Now with the great variety of curative systems, it is a moot question which should be chosen emergency to cure safely, cheaply and efficiently. Unfortunately the general public are imbued with the idea that only the regular system of medicine, approved by the state, is paramount and its dictates must therefore be implicitly obeyed, and so often have they found they were relying on a broken reed that grave doubts have arisen in the public mind as to whether more efficient means could not be found in combating

disease. Judging by analogy, the public feel that they ought to have the same right and liberty of opinion in choosing their medical attendant as they have in chosing their religion. One is equally as important as the other and the wave of dissent is at present as strong in many minds against orthodox medicine as it is against orthodox religion.

In glancing round at the various systems professing to cure all the ills of the human race, one need not lack variety, for, from the modest herbalist, who often performs marvellous cures, up through the various Pathies, a modest person may well hold back and ask to which of these systems of medicine he shall trust himself, and often he will give up any real belief in the cure of disease at all.

Many advanced minds quite agree with the celebrated Dr. Holmes who enunciated the axiom that it all the drugs in the world were put into the sea it would be much better for mankind but a great deal worse for the fishes. For many years I held this idea of Dr. Holmes' and had it confirmed by hearing some of the eminent professors in Edinburgh openly admit to their classes, and also in private conversation, that they had no belief in the efficacy of drugs, but as surgeons they commended every respect in their teaching of anatomy and physiology. They could diagnose diseases and give you every particular as to what you would be like when opened up on the Post-mortem table, since then I have often enquired what use this piece of information was to the patients themselves. The reply was "It is scientific, and nowadays you are not respectable unless you die scientifically.

At this time I was well acquainted with anatomy, physiology, and a hundred other items of scientific nature including animal magnetism. I saw methods of cure which were certainly not recognized by the masters in science and heard those gentleman denounce these various systems, including homeopathy, as subject quackery, thus imbibing a prejudice against the system. By and by a book-seller, who by the way owed me some money, told me in confidence that he was about to file his petition in bankruptcy

and as he had something in my line (homeopathy). I could have some books on this subject in lieu of my money. "Homeopathy"! I said. Is there anything in it? He said "I do not know, but you can have the books and judge for yourself," and in due course these books were delivered at my home.

During some leisure time I took up one of them (Dr. Eppes's introduction to homeopathy) to read and before I was half-way through it the whole thing seemed so reasonable that I must of necessity test its tenets in practice. Then I found I had got hold of a solid basis for prescribing. No guess work here, but everything reduceable to invariable law—the law of similars, or, as the great Father in Medicine enunciated it. "Let Likes Be Treated By Likes." Let me make this axiom clear to you by stating a case governed by the law of similars.

A gentleman accosted me at the station one morning and asked me to call and see his children who were ill with scarlet fever. On seeing them I found they were typical of the old-fashioned scarlet fever cases, smooth, bright scarlet skin, dilated pupils, full bounding pulse, sore throat, patients sensitive to the least jar of the bed, and the slightest touch aggravated them. Now briefly note these few leading symptoms. I left promising that I would shortly return with some medicine for them, but as I went along the street a thought struck me that there was something queer about those cases and so I retraced my steps determined to obtain further information respecting them. On inquiring as to what had been done for them the gentleman replied "You know my daughter is a teacher in a board school where scarlet fever has broken out, and as a precautionary measure I gave them Belladonna pillules. "Ouite right!" I said "those Belladonna pillules you got from me." "Yes!" he said, "but I must own up to a mistake my wife made. Not knowing that I had given them the Pillules she gave them belladonna, and as an additional precaution we gave my daughter, the teacher, some in her pocket, and the little chap who is so ill upstairs got to her pocket and ate them all.

I said, "the scarlet fever is all the rubbish and you are not fit

to have strong medicines in your possessions. They are all suffering from belladonna poisoning; there is no scarlet fever about the place. I will send you Physostigma to antidote it." Needless to say they were soon all right again. What I wish to convey to you by this illustration is the close similarity of the rash arising from belladonna poisoning and the smooth form of scarlet fever which belladonna is curative in minute doses.

This is an illustration of the law which governs the curative choice of homeopathic medicines—the Law of Similars.

Let me give you another illustration of this law. My friend Dr. J. Wilson, w. D, upon several occassions said to me "I am going out to see Mr.——who is suffering from an acute stoppage of the bowels" (now our favorite remedy for that is colchicum) "I will make a bet with you" said he, "that the old gentleman has an acute attack of gouty pains in the big toe."

"Does that always occur?" I asked.

"Always? invariably," was the reply.

"Then," said I, "there must be some law which governs this."

"Of course there is, but we do not know the law," he said.

No! but we as homeopaths know the law. Colchicum in large doses produces similar symptoms to gout whereas in small doses it will cure it. His reply was, "Ah! well but a man must study these things when he is young before he can grasp them as you can.

Speaking of colchicum reminds me of a humorous incident. A tall angular old lady once asked me if you could let her have an ounce of colchicum. On inquiring why she required such a quantity she showed me her hands and fingers all contracted with gouty modes. I at once advised her to have a high dilution of colchicum and it would cure her. At this suggestion she flew into a towering passion and told me, "she did not come to be cured but to be relieved," adding, "I would not be cured for wolds; this absolute proof of my aristocratic descent." Cured, No! and she declined to take my medicine, but marched off in high dudgeon to procure an ounce of colchicum.

In this case pride was undoubtedly painful.

You naturally ask why do not the regulars practice this system, if it has all the advantages we claim for it? Well one potent reason is the scholastic drudgery through which all young disciples of æsculapius must wade, so disgusts the majority of students that after they become what is termed qualified (sic) they are so heartily disgusted that they refrain for sometime from serious stuly of a new system. They are qualified and are content to remain so unless they have the necessary talent and brain power to urge them on in the fields of therapeutic study.

Another reason given by a gentleman I had interested in homeopathy when he called on me one day was "homeopathy has one very bad fault." I naturally asked what that was, expecting the reply that it meant too much hard work. Instead of that, however, his reply was "Patients recover too rapidly." He quite faild to see that as soon as one patient got well and was about again he could send him several others.

Another cause may be assigned to the bad repute into which you get with the Medical Council who are awfully prejudiced against homeopathy, and by their tyranny they debar many advanced thinkers from taking up the new system. Then again, men who take interest in their profession naturally look up hospital records, trials of new systems, etc., and judging by the results thus obtained frequently adopt homeopathic methods of cure and say nothing about them. It is not long since one of the leading London Physicians had to own up in the "Times Newspaper" his indebtedness to homeopathy.

Some years ago it was penal to practice homeopathy in England and the late John Bright brought a motion before the House of Commons to repeal the obnoxious clause in the Medical Act. He, however, met with bitter opposition and his motion was shelved for six months. In the meantime a cholera epidemic was raging in London and the allopaths accepted a challenge to test the two systems, but to make doubly sure of the defeat of the homeopaths they told off one of the most expert bacteriologists to investigate every case admitted to the homeopathic hospital. When at the

end of six months John Bright called for the returns of the hospital in support of his motion, the Secretary said he was very sorry but the books of the hospital could not be found. The inference is obvious.

Lord Ebury then moved that the medical gentleman who had been told off to investigate the cases should give his evidence in support of John Bright's motion. Consent was obtained and the gentleman was heard at the Bar of the House of Commons where he said that every casehe saw admitted to the homeopathic hospital was a case of true cholera, and he could only add he should ever be ill with this disease he should wish to be treated homeopathically.

Speaking of cholera in Vienna durings Hahnemann's lifetime, from reports only of the symptoms he and a colleague selected three remedies and proceeded with them to Vienna, and with these alone they cured numberless cases from the similarity of the disease symptoms to those produced by the medicines they selected in treatment. No Romish inquisition ever acted more tyrannically than the heads of the authorised state medicine in England.

It is in the memory of most of us that the late Mrs. Gurney, the Banker's wife, was an enthusiastic homeopath, and as a natural consequence her medical attendant was a homeopathist.

Upon one occasion he was offered the stewardship of a London hospital, and as it would entail so many free attendances he thought it better to consult Mrs. Gurney before coming to a decision. Upon laying the matter before her she said "Yes, by all means accept the stewardship of the hospital, and at the same time present them with a donation of £ 5,000 from me conditionally that they set apart five bads for the treatment of patients homeopathically and keep a record of the cases." This they refused to accept.

She then increased the offer to £ 7,000, and this not meeting with acceptance it was further increased to £ 10,000, and again to £12,000 but still it was refused.

This good lady thereupon threw this offer open in the "Times" newspaper for any hospital in London, but not one durst accept

it, although many of them were in dire want of funds. Week by week she gradually increased her offer which reached the munificent sum of \$ 70,000, but not one hospital dare come forward and accept this on the terms offered. I pass on to another similar incident. St. George's Hospital had several Wards closed for ware of funds and the Governors invited the Duke of Cambridge to preside at a meeting held at the Hotel Metropole on a certain date. Circulars were issued and set to all the elite of London soliciting subscriptions. One of these by chance fell into the hands of Major Vanghan Morgean, of Cardiff, but too late for him to write. he accordingly wired the and Duke of Cumbridge follows: "Will subscribe £ 500 if you will set apart five beds for patients to be treated homeopathically, and keep a record of the The telegram was never acknowledged, and the total amount realised at the meeting in subscriptions was £ 250. Could prejudice go further. You would be surprised at the prejudice against homeopathy, and yet it is a good thing, as those who have tried it readily acknowledge.

A few years ago I was engaged for a series of articles on "Health on Homeopathic Principles," for a popular newspaper. After about a year, when those articles began to attract attention, the directors instructed the manager to inform me that in future articles I must not use the word "homeopathy." I promptly replied, "Very well, gentlemen, no name, no articles." The very word "homeopath" is like holding a red rag to a bull, it arouses the animosity of the faculty.

Do not run away with the idea that homeopathy is simple or easy, and that you can do as a certain lady once declared she did. In confidence to one of her friends she said "homeopathy is delightfully easy. I have a medicine case at home all alphabetically arranged and when any of the children are ill, I begin with 'A.' If that does not do I give them 'B,' and when that fails I give them 'C' and by that time they are quite well again. These three remedies are aconite, belladonna and chamomilla, all three polychrest

remedies, and in children's ailments it would be wonder if one of them did not cure.

Each case in homeopathy must be taken on its own merits, and you must master in detail first the symptoms of the complaint, what part of the body is affected, whether it is better or worse at any particular time, then refer to some good work on materia medica for corresponding drug symptoms. When found, minute doses of that particular medicine will cure the complaint.

Take another illustration. Everyone knows how cayenne pepper will inflame the eyes. Well, note the inflammation. The symptoms are, burning, sore, watery, red, everted lids. Now try a weak solution of Cayenne as a lotion dashed into the eyes of a similar case and prompt relief is the result, and you earn the gratitude of that patient for all time.

Again.—Everyone is familiar with the fly blister, note how like a scald its vesication is. If the homeopathic law of similars is true, a prompt application of a high dilution as a lotion acts like a charm in allaying the pain of a scald. It is upon this principle of "Let likes be cured by likes," that makes the homeopathic practitioner a master in healing. But do not by these illustrations run away with the idea that it is easy, for sometimes in complicated cases it is most difficult to find the similum but once it is found, you may stake your life on its curative effect.

In laying down the law to some friendly medical men of the old school a young newly fledged allopath said rather pertinently "yes, but I understand homeopathy is an unqualified practice," I looked him very straight in the eyes and exclaimed but it becomes a very open question as to which is the qualified practice."

His reply was "you are quite right they send us out of College totally unqualified to grapple with practical work."

This is not the case with a homeopath, for as soon as he sees a case he can tell at a glance several leading symtoms such as pain, where situated, bodily positions, the condition of mind, texture and color of the skins, appetite, thirst, etc. Then a selection is made according to the homeopathic law of similars, and to use an ex-

pression of Dr. Buergrave's (Emeritus Professor University of Ghent): Ingulate the disease, which practically means the cure of your patient quickly, safely and cheaply.

Naturally in advocating this newer system of medical practice you are justified in asking the question as to its results. Homeopathy practically teems with hard facts as the following tables will show.

Hospital report, the Military Hospital, St. Louis:—Dysentery, 32 cases treated, no deaths. Typhoid fever, 39 cases admitted, only 2 deaths. Diarrhoea, 95 cases treated, no deaths. Pneumonia 13 cases treated, no deaths.

Contrast—Allopathic State Medicine Report, same hospital:—Dysentry 30 cases treated, 12 deaths. Typhoid fever 10 cases treated, 7 deaths. Diarrhoea 106 cases treated, 23 deaths. Pneumonia, 23 cases treated, 12 deaths.

From the foregoing facts one might well ask, under which system would you wish to be treated?

Dr. V. Grauvogal, after becoming a homeopath, gives a statistical report of results under homeopathic and allopathic practice in New York hospitals which reads as follows. Death rate under homeopathic treatment, 7.03 per cent. Allopathic 14'36 per cent.

Dr. Peters, another homeopath says: who with such data before him could be such a fool as to subject himself to the heroic treatment of the old school?

Dr. Routh of London, though writing against homeopathy, is bound to admit that in hospitals of Vienna, Leipsic, London, Edinburg, Liverpool, etc., the average mortality in all diseases is less under homeopathic treatment, (4.4 per cent.) than under regular allopathic treatment, (10.5 per cent).

Dr. Macloughlin, Medical Inspector of the General Board of Health State Medicine, testifies that under state medicine the mortality was 59 per cent. and under homeopathic treatment only 16 per cent.

Should you wish to peruse statistics in support of my statements,

procure a book entitled the "Logic of Figures," by Dr. Bradford, Hom. Pub. Co., 12 Warwick Lane, London.

Ignorant prejudice is so strong that interested opponents dare not acknewledge the truth of homeopathic doctrines. A clinical Professor at a German University, and Medical Counsellor of State, did not hesite however to say, "It is shown by statistical documents that homeopathy gains larger and more favorable results than we do, but as a matter of principle we dare not allow it to gain ground."

If you would like to enjoy literature bearing upon this, procure from the Hom. Pub. Co., copies of the homeopathic League Tracts, they are most interesting and amusing reading and only cost one penny each.

A gentleman whom I had previously interested in homeopathy called on me one day to inquire if I had any literature on the subject, as he had been hunting through the Free Library but could not find any. I brought him Allen's Hand Book, which is larger than most family Bibles, and told him that was one Volume of a set of 36 similar ones. He was greatly astonished, and so I took him to see my collection of homeopathic literature. He expressed surprise that with such a literary so little was known of homeopathy. It is the narrow groove in which we have been used to tread that is the cause of the ignorance.

Another gentleman a few days ago said: "I am going to pay a high compliment to homeopathy." He proceeded to tell me how a chemist he knew had said it was a most peculiar thing that the class of people who patronized homeopathic medicines were the most intelligent of his customers.

Some years ago the directors of the General Provident Life Assurance Association passed an unanimous resolution that taking into consideration the low death rate and the rapid recoveries under hemeopathic treatments compared with other medical systems, they strongly advised a reduced premium for homeopaths. This recommendation was passed without a dissentient vote. Lord Henry Gordon presided at this meeting. (See report for year 1864.)

If mankind lived natural lives, a dormant sixth sense would come more into activity and we would instinctively select proper food containing the elements of medicine which would go far to correct digestive and intestinal troubles, even the fowls of the air and the beasts of the field can surpass the lords of creation (as they like to style themselves) in this wise.

Watch the birds in your garden and see how they select Crocus, presumably as a Stomach medicine. Then observe the common starling and the house sparrow, how they will crop the abrotarium vulgare whilst feeding their young on garbage. It is precisely the same with the fever few. Upon one occasion I recollect being at an hotel near Hury Reservoir where a child was racked with pain from colic. The house was situated miles away from town and four or five miles from the nearest resident medical man. I noted the sour breath and pinching pains and asked if they had any chamomilla growing in the garden but this they did not know. I however found one of its tribe,—the fever few—and it only took a few minutes to make a cup of tea from this, which was given in teaspoonful doses and promptly relieved the little sufferer.

With regard to feeding take the ordinary pig, fed on all kinds of fermenting food and suffering from acute dyspepsia. As soon as he is let out of his stye he hunts up coals and cinders because they contain carbon, thus counteracting the acidity and hurt burn from which he undoubtedly suffers.

The deer, when stung by a snake, rushes off into the wood and selects one herb which immediately counteracts the snake poison, and he straightway returns to the combat and invariably kills his adversary. Again observe the small lean emaciated moor sheep after a severe winter, often suffering from tubercular disease of the lungs and a consumptive cough; they may be classed as true homeopaths; or as soon as summer comes they seek and devour with avidity the Droseria Robundifolia from amongst the moss where it grows, and in this way soon cure the disease. Even a dog will eat coarse grass to tickle his fauces and make him vomit any unsuitable food. Just observe nature and no one need go to a

University for education. Nature is undoubtedly the best teacher, and it is only when we try to improve her handiwark that we bungle and have to pay the penalty. Then come to home life and consider the baby who has not yet got his instincts blunted by respectable civilization, although aunts and grandmothers will do their level best to make an angel of him. From his first weak in life they will give him some form of steeped bread which he splutters out as if it was the evil one, which it is to him, for he instinctively knows it is not right and will make him ill. If forced upon him the result is invariably a fit of colic from this most improper food. It he could use his tongue he would probably swear and say what fools they were, as they must know his salivary glands are undeveloped and it is common knowledge that it takes saliva to convert starchy food into sugar before it can be digested. By this means baby is wilfully made ill.

I have seen old grandmothers years ago instinctively chewing bread to give to baby although they knew nothing of the physiology of dietetics, yet they were doing right and following an instinctive habit of some of the lower animals. For all that, I think this a very dirty habit.

Baby requires nothing but its mother's milk, or failing that, some good cow or goats milk with a little sugar added, as human milk contains more sugar than any other, until its teeth come. If you wish to give a baby a treat give it a good bone from the meat to chew at. See how it knows what is good—watch the little less smack. This dodge will often keep baby quiet for an hour's rest is a great boon to a hard-worked mother.

One of the most absurd things I ever knew committed from reasoning from false premises was the following. I had a young girl under me for epileptic fits and there was what we know as globulus epilepticus, i.e., sensation of a ball rising up from the stomach to the throat. One morning the mother and daughter were at the dispensary, the latter suffering from acute pains similar to colic. I expressed my surprise at this and asked her what she had had to eat.

She briefly explained it as follows. On the Saturday previous the patient had had a fit and a meeting of the neighbours had been held with the result that they had come to the conclusion that it was a rising of the lights into the throat and that undoubtedly the best means to keep them down was to give her a double charge of gun shot. This was accordingly done with the natural result—a fit of lead colic. It appears they had seen the lungs of an animal float on water and reasoned accordingly. Verily "a little knowledge is a dangerous thing."

The next point to be considered following the law which indicates the choice of the remedy is the quantity or dose to be employed to produce its curative effect. In this as in the law we are the very opposite to the regular allopathic medicines. The question of dose is decided by homeopaths thus: the smallest quantity compatible with healthy stimulation to the diseased organ. Particular individual temperaments differ and a coarse sluggish nature requires more material doses than high strung, finely organised people. Some are built on the cart-horse principlelarge bones and plenty of muscle others are more like race horses-fine bones, small muscles and large nerves. These latter kind require higher attenuations than the former. Some are so exquisitely sensitive to drug attention that the millionth part of a grain of a medicinal substance will effect them beneficially. You must never lose sight of the fact that all disease is an effort of nature to recover health, and homeopathy only aids nature in throwing off the incubus. Medicines in homeopathy are pure substances prepared hy dilution or by trituration. The first dilution is made by succession, one part to 99, one hundred times repeated, this is termed lc or first centesimal. You can, acting on the same principle. subdivide ad infinitum. This is the liquid process. For solid substances the principle is the same with the exception that one part is gradually mixed with 99 part of sugar of milk and triturated in a a Wedgwood or Agate Mortar to an impalpable powder so that under a ‡ in. microscope objective you cannot detect the medicinal substance from its incipient sugar of milk. Personally I prefer low

dilutions, and do the majority of patients. It seems an attribute of old Adam transmitted to the human race to-day to want as much for their money as possible. You have probably read the story of the woman in the chemist's shop in a pit village who asked for a gennyworth of calomel, and the chemist was very carefully weighing out & grain, severely scrutinized by the woman. All at once she burst out with, "Hawd a wee, mon, ye meed'na be sal stingy wiv it, it's for a puir fartherless bairn."

I myself once had a diabetic patient who was very indignant sometimes. When troubled with a bilious attack her medicine was somewhat bitter, wherears, the medicine given her for her diabetic trouble was tasteless. She resented this and politely told me that when I wanted her to get better I gave her better medicine, but when I did not want to see her well I gave her water. She closed our interview by telling me that "She did not object to pay for medicine, but she was determined she would not pay for water.

My greatest trouble has been to get people to believe in tasteless medicine. Small doses of homeopathic medicines are perfectly safe. This is a great point in their favour.

A while back a bigotted partisan of old Physic suggested that an inquest ought to be held on every one who died in homeopathic If an impartial one was held on a great many who hospitals. succumb under allopathic care, some very strange disclosures would be made. But then they are qualified, whilst homeopaths are not in England. I venture to suggest that a qualification of a medical system ought to be-How many lives they can save? or how to relieve promptly. The candid confessions of eminent medical men ungoverned by pride or professional self-council are often most startling. My friend Dr. W-used to say his diplomas are not worth a snap of the finger in practice. Dr. R-pow a homeopath used to say allopathic medicine is one of the greatest frands on the face of the earth. Hundreds of other medical men have expressed themselves in similar terms, and it was quite resently the "Lancet" had a leading article deploring the ignorance of the medical men generally in the use of medicine, adding "even the modest herbalist could beat them out and out." Just imagine the condition things must be in when you read matter like this in the leading medical journal of the established system of medicine in England.

In regard to diagnosis upon which the old system prides itself I think homeopaths can give them points.

Below I give a clipping taken for a local daily:-

DOCTOR'S MISTAKES.

"The report of the Statistical Committee of the Metropoliton Asylums Board states that nearly 2,000 cases of mistaken diagnosis had been admitted during the year. The expenditure represented which ought never to have been incurred, was £12,000 for the year."

Well might Dr. Parks say our people shot the African Bush Doctors, but from personal observation of the efficiency of their methods in treating disease those were qualified to teach our leading medical men lessons.

Under the small doses of homeopathy it is impossible for a fatal mistake to occur. Very fortunately the regular system is rapidly amalgamating with homeopathy, and like non-comformity in religion, if homeopaths would but give up the name they might be admitted into the fold of mother church and be considered orthodox and respectable.

Our American cousins were quick to perceive the advantages of the teaching of Hahnemann and soon established schools and colleges to teach it. They did not wait for patronage from the state recognized medicine. Hard facts of its utility and benefit to mankind soon made it respectable.

It is not within the province of my paper to give more of the evil results of orthodox medicine, or I could do so with a vengeance. I can however assert that if I was ill and could not get a homeopath to attend me I would trust to nature for recovery. I have not one word to say against old school medical men, for among them I have

some very warm friends and many of them are noble specimens of manhood. Its their system that I speak against. Some of these gentlemen are so liberal that they will take a hint from a homeopath or to use the words of Dr. W. "would take a hint from an old woman, from whom he had often got a good one."

I am greatly interested in Dr. W.'s Case Book. He gave me permission to persue it if I wished, and on doing so a most striking fact became apparent. Every case he had cured was in accordance with homeopathic law, although I may explain he had chosen his medicine quite ignorant of the law upon which a homeopath would have based his choice.

Another great advantage of homeopathy is the shortened period of convalescence and the absence of detrimental after-effects of severe drudging. We have not observed the countless number of valvular diseases following upon the favorite old school method of treating rheumatic fever? Who has not seen poor sufferers from deafness, noises and ringing in the ears, the results of overdosing with quinine, and still worse, the quiet way of lowering patients into the grave with large doses of bromide of potassium. This has become quite common now-a-days.

Such dangers are happily avoided by adopting homeopathic treatment. If the public only knew the intrinsic value of the new system of medicine they would never hesitate for a moment to adopt it.

"Ah!" said a gentleman to-day, "It's the faith patients have their medical attendant that cures them." We will grant that this is a factor in recovery, but tell me how much faith a tiny baby suffering all the suffocating effects of a bad attack of croup could have. There is the livid face, whistling respiration, hoarse, croupy cough and gasping for breath. But give this little sufferer a drop of spongia tosta on the tongue every ten minutes and watch the marvellous effect. Slowly the purple color disappears, showing that the blood is being better oxygenated and so prompt relief is given. Tell me whether the fraction of spongia or faith in the one who administered it had most to do with the recovery.

Then in the lower animals how efficient is homeopathy in the treatment of them. I know farmers who would have nothing else, and these men have been most successful in the treatment of their stock. I am quite ready to admit the power of mind over the body but I still stick to my guns and assert that the powder is dry.

Let me ask you how it is that homeopathy makes remarkable cures even upon people who have been under some of the most eminent medical men of the day and have been given up by them as incurable, yet homeopathy frequently saves them from becoming angles simply by its knowledge of the law of cure.

Homeopathy has had to fight and is still fighting its way through bigrotry and oppression. As an instance of this when the late Princess Alice offered a prize for the best essay on the treatment of diphtheria, one gentleman who wished to compete was excluded because he was a homeopath, but to-day his treatment is most efficient and adopted by both schools of medicine.

I do not allude to the murderous system of injecting anti-diphtheritic serum. The faculty ought never to forget the warning note sent out to the world by the German Professor who to prove its absolute safety injected this filth into the arm of his son to convince his confreres of its harmlessness. Within an hour or two his son was dead and the father was nearly wild with grief over this scientific murder. One may well ask the question how many thousands of others have since been sacrificed in a similar manner. Should you wish to peruse this side issue of modern medicine, get your bookseller to procure you "Dying Scientifically," and its companion work, The Monks of St. Bernard." Also procure "Fifty Reasons for becoming a homeopath," sent out by the League at 2d (original cost 2s. 6d) and you will find in these a wealth of information. Should your investigation lead you to purchase some of the more expensive books advertised in the "Homeopathic World" and other papers, some of which are as interesting as a novel, you will then realize the confidence with which a homeopath takes up his cases and (selects his remedies which often go like a rifle ball straight to the point. What is required to promulgate

homeopathy amongst the masses of population is for a John Wesley or a Martin Luther to rise up irrespective of allopathic state medicine and teach pure homeopathy to the public at large. It is more important to look first after the health of the people, for when the pody is healthy the soul which inhabits it can shine with greater brilliancy. The old maxim of a sound mind in a healthy body is the scene of the bodily perfection.

"Res Non Verba Quæso.":—Cleaveland Medical and Surgical Reporter.

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ওলাউঠা চিকিৎদা।

ওলাউঠা বা কলের। অতি সাংঘাতিক পীড়া, হোমিওপাথিক মতের চিকিৎসাই ইহার একমাত্র উপার, বোধ হর ভাহা জনসাধারণকে আর বুঝাইতে হইবে না। তবে প্রথম হইতে রীতিমত ভাবে চিকিৎসার আবেশুক। সেই জস্ত প্রত্যেক গৃহত্বের একথানি কলেরা পুত্তক ও কিছু হোমিওপ্যাথিক উবধ রাথা কর্ত্তবা। রোগীর শ্যাপার্বে বসিরা বড় বড় রাশি রাশি পুত্তক হাত্যান অপেকা ইহা হইতে অতি সহজে, শীল্ল, রোগের লক্ষণ দেখিরা উবধ নির্কাচন করা শ্রের:। ইহার ভাষা অতি সরল। মৃল্য ।/০ আনা মাত্র।

সাধারণ মৃত্য-নাদার টা: প্রতি ভূমি।১/, ২ ভূমি।১/০ ; ১ম হইতে ১২ ক্রম পর্যন্ত।০, ২ ডুমি।১/০ ; ৩০ ক্রম।১/০, ২ ডুমি।০। এককাজীন ৫ টাকার ঔষধ লইলে শতকর। ১২।০ হি: ক্রিশন পাইবেন। পত্র লিখিলে স্চিত্র কাটোলগ পাইবেন।

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THEINDIAN

HOMŒOPATHIC REVIEW.

A Monthly Journal of Homeopathy and Collateral Sciences.

XIX]

FEBRUARY 15, 1910.

No. 2.

BERI-BERI.

It is a comparatively new disease in India. Only a few years ago we came across a few cases. But in the year 1909 it appeared almost in an epidemic form and death rate was rather considerable. We treated a great many cases and with varied results.

In our Calcutta Homeopathic Society meeting for the month of December we had a lively discussion on the subject of Beri-beri, and many members spoke of their experience.

It is an insidious disease. Its invasion is so gradual and so unnoticeable that no fear is entertained of its consequence. First of all there is a little swelling of the feet or one foot only. There may or may not be any fever. Patients often complain of malaise and a peculiar kind of uneasiness. Then there appear fever of an ephemeral type. Swelling of the feet gradually increases and extends higher up the legs. Other parts of the body gradually swell and something like a dropsical swelling or general anasarca supervenes.

If no care is taken, the disease goes on increasing. General anæmic condition of the body takes place and heart is affected. There is palpitation of the heart, the patient becomes exhausted after a slight movement and difficulty of breath-

ing results. Heart's condition becomes peculiar. It is dilated and very loud sound is audible in almost all parts of the chest on its left side. There is seldom any bruit found with the sound of the heart. The heart is almost in a tumultuous condition, as it does not get a proper and sufficient supply of blood. It has hankering for blood as it were.

When conditions become graver, brain symptoms are developed. The first indication of it is the supervention of drowsiness. In certain cases muttering delirium may be found.

Death generally takes place from failure of hearts action.

In many cases a peculiar kind of eruption on various parts of the body are noticeable. These are elevated patches of redness, very much like roseola spots. In a case of mine I found some small spots in one day and in a day or two these coalesced and formed big patches. They are angry looking and sometimes itchy.

In grave cases these eruptions grow bigger and tendency to gangrene takes place. In such cases fever becomes high, temperature ranging between 102 and 105 or higher, difficulty of breathing becomes very distressing; the patient cannot lie down in bed. In a patient of mine, a young girl of sixteen the agony was so great that death was preferable. I tried various remedies without appreciable benefit, only relief, she derived was from Arsenic in high potency. She gradually sank down in bed, complete coma took place and death resulted from failure of the heart.

In milder cases, this difficulty of breathing continues for a lengthened time and gradually subsides. Here heart sounds grow less and less violent and recovery takes place. The rapidity of the heart sound however, remains even sometime after the patient is declared cured. This is only a meagre description of the disease. I will cite a few cases from my practice to show how are we to meet the disease in all its bearings. The sequalæ of the disease are multiform and some of them are of grave nature.

The patient, though seemingly cured to all intents and purposes is far from regaining his general health. Profound anemia that overtakes him in the beginning of the disease, remains in force for a long time even after a cure. A prolong residence in a better climate is necessary along with medicinal treatment. Abscesses in various parts of the body are also observed. They are of a malignant nature.

Eye suffers oftener in this disease than any other organ besides' the heart. A form of glaucoma has been observed but fortunately it is not in an intractable form. I have been almost uniformly successful in the treatment of this condition by the indicated medicines.

Loathing for food and loss of appetite have been observed very often. Patients have no desire for food and they can live without food for a long time. Constipation is seen in many cases but diarrhœa is the rule. In the beginning of the disease we notice in many cases purging, vomiting and distention of abdomen. Mental conditions are remarkably irritable but despondency is not rare.

Homeopathic treatment is as far as our experience goes the best. Indicated remedies are seldom without benefit but we observed that they have no prompt action. We are to continue the medicines for sometime and then we get the desired effect. Among the remedies efficacious in this diseased condition we may mention Aconite, Apis, Arnica, Arsenic, Belladon, Digitalis, Lachesis, Verat album and Viridi, Rhustox, and Naja,

Weakness of the heart and heaving breathing used to remain long, sometimes these were due probably to the anemic condition of the system. In these cases China and Ferrum-met and Phosphorus were of immense value. Some of my friends advised me to try Strychninum and Latrodectus, but these gave me very little help.

I wish my colleagues to try Echinacia and Cratægus in these cases of heart complications. I have given Cratægus in some cases but the effect did not give me much encouragement. In two cases, it has relieved the patient in the beginning but ultimately no permanent results took place.

Change of air and climate is very good. I sent some patients to Baidyanath, Modhupur and other places of high altitude. Some

of them were remarkably improved, others not so fortunate, some went to seaside places at Puri, Waltairs and were much benefited, others returned with the least improvement in health.

P. C. M.

CLINICAL RECORDS.

P. C. MAJUMDAR, M. D.

GLANDILLAR SWELLING CURFD BY SILICEA,—A young boy with glandular swelling in the neck for about six month came under my care on 28th December, 1904.

Copious perspiration in the head. Also in the palms of hands and sole of feet.

Swelling hard and painful on pressure. These aggravated before and during the full and new moon.

Bowels constipated, hard and blackish stools,

Buring of hands and feet in the afternoon.

Body always felt chilly.

Mentally weak and irritable.

Startled at the least noise.

Silicea 200 two powders at the interval of one week.

Swelling much reduced after two weeks. General health improved and ultimate cure effected in the course of three months. Only four doses of the remedy were given.

INTERMITTANT FEVER, CEDRON.—Babu G. M. Halders' son 12 years of age had off and on malarious fever with enlargement of liver and spleen.

Was under other systems of medicine for a long time.

Much reduced in body and anæmic in appearance.

Fever used to come with much shivering at about 4 P. M. punctually. During fever face flushed, though during intermission he had pale face.

Much thirst but liking for warm water or warm milk.

Liver and spleen hard, no pain on pressure.

Bowels constipated.

Profuse sweat which relieved the fever but great debility supervened.

Great headache of a neuralgic character during fever.

No appetite and disgust for food.

19th December, 1904 Cedron 30. One dose every morning during intermission for twelve days.

No more fever, health improved and spleen and liver gradually diminished in size.

ENLARGEMENT OF TONSILS CURED BY BACILLINUM.—Babu Bose's grand-daughter had been a victim to derangement of tonsils from a long time. All sorts of medicines, homeopathy included had been tried in vain.

Child almost four years of age, suffering from birth.

Constant cold and catarrh affecting mostly the throat which was painful especially on swallowing.

Sense of lump in the throat.

Body emaciated.

Cough from tickling in the throat; white tenacious mucus thrown out,

Tonsils (both) were enlarged to a considereable extent, especially the right one.

Bowels loose, three or four stools every day.

Appetite poor. Distaste for all kinds of food.

Baryta carb had some effect but not lasting. I tried the 200th potency with temporary relief.

Bacillinum 200 one dose dry on the tongue. Improvement at once and permanent.

In the course of six months I gave four doses of the medicine and complete cure was effected. For the last five years she had no more trouble.

LEPROUS SPOTS AND PATCHES CURED BY TUBERCULIN.—Babu B. about 50 years of age, tall, fat and black countenance came under my care on 20th October 1905 with patches of leprosy of various sizes on his legs, arms and fingers; these varied from the

size of a rupee to as large as three inches in diameter. They were raised above the surface of the skin and were dry and scaly. Surrounding skin was redematous. Some were black and others white in color.

He denied the history of venerial disease of any kind. No heridity.

He was dyspeptic, often suffered from wind in stomach and constipation.

Did not suffer from any other disease for a long time. Working very hard in government service.

No constitutional symptoms could be elicited by me after questioning him on that. I gave him four pellets of Tuberculin (C. M.)

He reported to me every week and placebo was always given. After ten weeks he came and reported that the scales were less and swelling abated. Continued placebo.

8th November. A dose of Psorinum 400 was given. Two weeks after he came and no further improvement was noticeable. Tuber-culinum (C. M.) one dose.

In short he was cured after one year, no other medicine-given.

NOTES. .

TIC DOULOUREUX.—This is the story, abbreviated, as we heard it the other day. "You know T——? Well, had tic douloureux—pain went right up into his eye—the doctors sealed his eye—cut out the nerve—T——died. Doctors said there was nothing to do in such cases but to cut out the nerve." The speaker then said, that Mrs. X——was suffering the same as T——. "She was nearly crazy with pain. Hot applications, chloroform, etc., would dull it but pain would come back as bad as ever. Told her to get some Spigelia θ and take it. She did so, and was cured and she stayed cured." As this excruciatingly painful disease is not so easily cured, we give the talk—abbreviated—for what it is worth—and it is worth

a good deal, for JOTTINGS is cosmopolitan and not every one knows of this use of the old remedy, Spigelia.—Jottings.

1

The Secret Disease.—The world is literally flooded by "literature" advertisements, books, etc., on the subject of venereal diseases, "lost manhood" and the like. There is but one sensible thing for men and boys to do in these cases, and that is to go to your family physician and take his advice. To go to the advertising doctors or advertised cures is to lay up trouble for yourself. There is nothing occult or secret in the treatment of such cases, and the family doctor knows as much, and generally far more about them, than does the advertising "specialist" in them.—Dr. Geo. F. Butler writes (Med. Summary):—

Many a boy or young man has been frightened into nervous and mental breakdown, and not infrequently has been driven to suicide by reading books on 'Lost Manhood,' etc.

"Cart loads of pamphlets and booklets are sent broadcast every year which result in great harm. 'To the Unmarried,' 'Marriage Guide,' 'Physiological Inquries,' 'Young Man's Book,' 'Warning to Young Men, 'Manhood,' 'Physical Debility,' 'Skin and Blood Diseases,' and periodicals and books with a variety of other titles are sent to men and boys throughout the land. These publications have the same aim, object and end. The program marked out by all of them is essentially the same."

Let them all alone. Go to your family physician, it will be better, safer and cheaper.

THE FIGHT AGAINST TUBERCULOSIS IN NEW JERSEY.—There was a meeting held recently in the Opera House at Trenton, N. J., to consider the State's duty towards tuberculosis. Bishop McFaul said that "God has not given greater manifestation of his providence than the endowment of eminent men with knowledge to eradicate tuberculosis." (These quotations are from the Report in Survey.) Governor Fort said that the rich had the means to prevent the disease but the poor had not. There is great need for education." Probably, also, of better wages, though he did not state this. Dr. Cabot said that "the fight against alcoholism is a

fight against tuberculosis." He also said, "Most of the hospitals in the United States are antiquated." "Physicians are not properly educated." They are unable to detect tuberculosis in its early stagés." "Medical schools do not properly educate," and so on. Mr. Homer Folk, secretary, said that eleven cases out of twelve are the result of personal contact, though Dr. Wm. E. Welsh, who followed him, said that "there is practically no danger from mere casual contact; he advocated compulsory notification, inspection etc. Dr. W. A. Evans, of Chicago, made an appeal for the wiping out of the prejudice against health officials; also one for pure air. Mr. Smallwood wanted the audience to disseminate enthusiasm in the proposed war. These men have a big "war" on their hands and a very expensive one. Every one will hope that the vast sums of money that will be needed will be spent wisely. Some think that the root of this scourge lies deeper than the coma bacillus coughed up from the lungs of those afflicted. Indeed some think that the eradication of the disease involves the regeneration of the, race, spiritually, morally and physically. "Wash and make you clean."

THE AFTER EFFECTS OF TREATMENT. -The following is taken from a paper by Dr. Frank W. Patch, Famingham, Mass., published in New England Medical Gazette for November. It will bear reading twice and then thinking about, for it is true: "Supperession of disease by means of crude medicines is responsible for many difficult chronic conditions. An intermittent fever, for instance, treated strictly according to the law of similars never leaves an unpleasant trace in the system; it passes through its various phases and the patient recovers in a perfectly orderly manner as he would from any other uncomplicated disease without unpleasant after effects or recurrence. Suppressed by large doses of quinine it often becomes one of the most intractable things with which we have to deal, exerting a bad influence on the whole after life. Nature, in sickness as in health, works always in a perfectly orderly manner, and whenever we can profit by her example we should strive to do so. It is natural for many

internal diseases to seek the surface of the body in external manifestations; it is natural for certain paroxysmal diseases to spend themselves in periodical external explosions. When we attempt to improve on nature and change the course of these things by the administration of crude drugs the result is usually chaos which it may take half a lifetime to overcome."

A METHOD OF FINDING THE SIMILIMUM IN DIFFICULT MIXED CASES.

By IV. H. Freeman, M. D., Brooklyn, N. Y.

The following is an attempt to elucidate the method of symptom analysis grouping so essential, in many difficult cases, in order that the physician may sufficiently comprehend the symptoms that he will be capable of proceeding to the selection of a curative drug with a fair degree of success.

Case examination, as an homoeopathic procedure, is divisible into three stages —to wit:—

First the taking of the case or obtaining the totality of symptoms, which validly includes a correct diagnosis; a knowledge of all pathological lesions; and the time of existence of each symptom. Without such accuracy prescribing is more or less problematical.

Second, the analysis and proper grouping of symptoms, which forms the subject of this paper. By this second step in the process of case examination we are enabled to decide which are the important or ranking symptoms, always judged, of course, from the standpoint of the patient.

While in the majority of instances all that is necessary is the matching of a drug to all the symptoms of the case, such work is purely mechanical and will often fail in cases which are in any way complicated.

Only after having properly analysed the symptoms will we be ready to proceed safely to the next and last stage.

Third, the selection of the similimum. Unless the prescriber is a master of homoeopathic materia medica or is positively certain of

the remedy by the time this stage has been reached, it is much better for him to consult the repertory, choosing the remedy by a process of exclusion in some such manner as that about to be illustrated.

We all creep before learning to walk and the following is the method of reasoning by which essentials are differentiated from non-essentials in morbid symptomatology, somewhat difficult, perhaps, for the novice; but just as easy and matter of fact as walking when one has learned how. All that is required is a fair knowledge of physiology, pathology and diagnosis, together with ordinary common sense. The teaching of another to thoroughly master the science and art of Homocopathy is much more difficult than is the practice of such in itself; and procedures which may seem difficult and obtruse to the fainthearted beginner, become easy and are performed automatically after moderate experience and a mastery of the fundamental principles.

Not only is the method to be described the only logical one of studying cases but it is the method always pursued by the best prescribers, consciously or unconsciously, even though they are frequently unable to describe the process to others or account satisfactorily for certain of their curative prescription.

A demonstrated cure may be convincing and interesting but it is of no practical value to students or other practitioners unless the reasons for selecting the particular drug and the method of procedure are so clearly setforth that the observer can go and do likewise under similar circumstances.

As will be demonstrated by the following case, the similimum is not necessarily the drug convinsing the most symptoms, but rather the drug which best covers the peculiar and uncommon features of the case. Therefore, as has been already inferred, the selection of the curative drug will often depend entirely upon our ability to decide which are the important symptoms of the case.

The case to be presented being somewhat difficult and complicated, the analysis must, therefore, be somewhat extended; but it is hoped that the importance of the subject will justify the attention devoted to details.

The patient having been treated for several years by a good prescriber without benefit, it is necessary for us to study the case with exceptional care in order that we fail not also.

Though a minority of the following symptoms only are important, e.g., uncommon and individualistic for such a case—all symptoms will be briefly considered in order to clearly demonstrate, as far as possible, why some are important and others not so.

Were we to consider the important symptoms only, the object of the paper would be lost, because only one can choose a remedy for characteristic symptoms already picked out and arranged for him. The selection of the ranking symptoms often requires skill of the very highest order and it is such ability more than anything else which distinguishes the master from the apprentice.

Mrs. X, age 54..

- ° 1.—Pain lelt side abdomen, paroxysmal.
- o 2.—Relieved by bending double.
- * 3.-- ,, pressing fists into abdomen.
- c 4.-- ,, ,, lying on left side.
- o 5 .-- Worse standing or walking.
- * 6.-Urging to stool, with.
- ° 7.—Relieved after stool.
- * 8.-Worse after onions, cabbage, fats, coffee.
- ° 9.— ,, ,, eggs.
- o 10.—Extending to lower dorsal-vertebræ and left dorsal region.
- o 11.—Cramping, griping, colicky.
- ° 12.—Stools variable, diarrhea and constipation alternating.
- * 13.-Hard balls and lumps.
- o 14.—Fluid, offensive.
- * 15.-Mucus shreds in.
- * 16. Gelatinous and mucus lumps in.
- * 17.—Excoriating.
- * 18.—Blood with a moderate degree.

- * 19.-Diarrhea after eating eggs.
- * 20.—Has never used cathartics.
- * 21.—Frequent borborygmi with nausea.
- * 22.—Bloating better by kneading abdomen.
- [24.—Craving for bitter things all her life, as did her father also.]
- ^o 25.—Left inguinal pain—heavy bearing down feeling—worse standing or walking.
- [26. -Amenorrhœa for last five years.]
- [27.—Leucorrhœa worse standing or walking, off and on for many years.]
 - 28.—Cramps, calves during sleep.
 - 29.—Sleeplessness after excitement.
 - 30.-Numbness hands, morning on waking.
 - 31.—Urine dark, concentrated, 1750 C. C.
 - 32.—Scalds on passing.
 - 33.-Retarded at times.
 - 34.-Indicanuria, moderate.
 - 35.-Solids and urea, absolute increase.
 - 36.-Albumen and sugar absent.
- 37.—Physical examination:—A tall, slender brunette of cheerful, vivacious disposition; heart, lungs, liver and spleen negative; gastro-enteroptosis to moderate degree; abdominal walls thin, lax, moderately pot-bellied having had five pregnancies.
 - * 39.—Painful sensitiveness on palpation over the descending colon and sigmoid region and over points of spinal origin of lower dorsal nerves on left side. No tumor palpable, no loss of flesh during illness. Examination of stool reveals characteristics already correctly described by the patient.

Diagnosis, chronic ulcerative colitis. The patient being unable to pay for it, a blood examination was not made.

By consulting the repertory it will be found that no one remedy covers all of the symptoms, therefore it becomes necessary to carefully analyse the case in order to decide which are most important—our own being to follow Hahnemann's advice and "consider chiefly the more recent, most troublesome, and most peculiar or uncommon features" to the exclusion of others not so classified.

We will begin, therefore, by eliminating and placing within brackets those symptoms of long standing which are not a part of the present ailment to wit:—

Symptom No. 24.—Craving for bitter things all her life.

Symptom No. 26:—Amenorrhæa, which preceded the present ailment by several years and is obviously physiological for a woman of her age.

Symptom No. 27.—Leucorrhæn for many years, an old chronic symptom of mild degree.

It is now evident that most of the remaining symptoms are accountable for by the intestinal lesion; and that they can be classified either as direct symptoms (those directly associated with the diseased colon) or indirect symptom (those affecting other organs and functions secondarily, being due indirectly to mal functionating of the intestine).

Now, while it is seldom necessary to classify symptoms as direct or indirect, the value of a symptom usually depending solely upon its degree of peculiarity irrespective of such considerations as this, in this case the classification is necessary for the reason that a course of now-curative-homeopathic-medication always produces more or less alteration of symptoms—new drug symptoms being added in place of natural disease symptoms removed or obscured.

The important thing to remember in this connection is, that it is chiefly the indirect symptoms which are charged; the direct symptoms being altered least or not at all. Under such circumstances the direct symptoms will often be the only symptoms upon which to rely with any degree of certainty.

(While the diagnosis is seldom of value upon which to base the prescription, it is often essential as a starting point from which to begin the classification of symptoms. How otherwise can we decide, with any degree of safety, which symptoms are common and which uncommon, which indirect, etc., etc.? A common, low rank symptom of one disease may be a decidedly uncommon high rank symptom in another form of disease.)

We will, therefore, place an asterisk before every direct symptom, namely:—Symptoms 1 to 23, 25, and 38; and placed to choose our ranking symptoms, from those so designated, at the same time endeavouring to find the similimum by exclusion of drugs from corresponding rubrics in the repertory as we proceed.

- * Paroxysmal pain left abdomen. Intestinal pains are usually paroxysmal; the descending colon is a left-sided organ—therefore common and of low rank. Forty-two drugs have such pain and one hundred and fifty affect the left side of body.
- *2. Abdominal pain relieved by bending double. While common to most colicky conditions, it is covered by comparatively few remedies; and clinical experience has proved it a valuable symptom in all abdominal conditions.

Kents' Repertory (1908 edition), page 557: Alæ, Ars., Bel., Bov., Cast., Caust., Chin., Coloc., Colch., Cop., Cup., Euph., Eupi., Iris., Kalic., Lach., Lye., Mag. P., Mang., Merc. C., Nux V., Petr., Phos., Podo., Prun., Puls., Sencc., Stann., Staph., Stram., Sul., Verb., Zinc.

- *3, 4, 5. Pain relieved by pressure of fists; lying on left side; and worse standing or walking should be translated to read "painful and inflamed organ relieved by rest" and common to the condition therefore. If the condition were purely neuralgic or functional, or if the modalities were the opposite, such would be uncommon and of high rank.
 - *6. Urging to stool with the pain, is common to the condition.
- *7. Pain relieved after stool, can be explained on the basis of an irritating substance removed, though in many cases the pain continues or is worse. The symptom is covered by but few drugs of which by exclusion from the preceding drug list we obtain the following:—P. 561: Alee. Bov., Coloc., Coich., Nux V., Senec., Sul.
- *8. Worse after onions, cabbage, fats, coffee. Since the first three are digested in the lower intestine and the last is an intestinal

stimulant, we would expect them to irritate the inflamed colon—therefore common indalities and of little value.

*9. Worse after eggs. Contrary to the last, eggs are digested principally in the upper part of the digestive tract and give also but little excrement. This symptom being due to an idiosyncrasy and being uncommon to the pathological state assumes high rank.

Kent gives but four drugs in this rubric, (Chin. A., Coch., Ferr., Ferr. M.): Allen's Slip Repertory gives in addition, Psor., Sanic., Selen., Tuberc., and Sulphur is a drug which I have personally verified. Colchicum and Sulphur therefore remain for consideration.

- *10. Pain extending to lower dorsal vertebræ. This is a mechanical low rank symptom, because irritation from an organ is prone to travel along the nerves and cause tenderness and pain in the neighbourhood of the spinal center. On the other hand, when pain is reflected to a distant part via and away from the center, it is often a very important symptom, because the point of reflections is subject to indiosyancrasy.
- *11. Cramping and griping are common to such conditions and to many drugs. While the similimum must be able to cause similar pains, such symptoms possess only a negative value from the differentiating or individualizing point of view because covered by so many drugs.
- *12. Diarrhoea and constipation alternating. A peculiar symptom as worded and covered by Aloe, Nux and Sulphur only, of the drugs preciously considered. There is, however, a possibility of its being an irritation diarrhoea in an harbitually constipated patient and therefore mechanical and common. A strong possibility that must not be overlooked is that Aloe, Nux and Sulphur have already been abused by the previous physician, such being the drugs that all homoeopaths first think of for such conditions. Since Colchicum has both diarrhoea and constipation it will hardly be safe under the circumstances for us to rule it out in favor of Sulphur at this stage of the analysis.

- •13. Stools of hard balls and lumps. Fairly common in such conditions and covered by Nux and Sulphur only.
- °14. Stools offensive. Common to condition. Aloe, Colch., Nux., Sul.
 - *15. Shreds of Mucus in stool, covered by Colch. only
 - *16. Jelly-like Mucus, lumps and carts.
 - P. 637, Aloe, Colch.
- *17 and 18. Stools bloody and excoriating. Alæ, Colch., Nux., Sul.
- *19. Diarrhea after eggs. A very peculiar symptom and covered by but one remedy, Chin. A., but any one of the remedies in the general rubric which has been already considered (°9) is applicable for this syptom and general rubrics should always be given preference to particular rubrics in choosing the remedy. The remaining direct and indirect symptoms are more or less common and of secondary importance. In order to complete the analysis we will briefly consider them as follows:—*21, 22, 23, are not covered by Colchicum as worded; but the drug has bloating, rumbling, belching, nausea and weakness to a marked degree.
- *25. Heavy bearing down, left inguinal, worse tanding and waking. Purely mechanical, the inflamed sigmoid would naturally be expected to feel so under the circumstances.
- °38. The last of the direct symptoms. A pathological state of diagnostic value only because common to the condition. Judged by the foregoing analysis Colchicum seems to possess the most reliable qualifications of any drug considered, although Sulphur is hard to rule out positively and it is highly probable that the latter will eventually be necessary to complete the cure.

Right here some may ask, such being the case, if it would not be well to give Sulphur at once and save time? The answer to this, however, is that Sulphur can never do the work of Colchicum or any other drug nor will it ever be of benefit when used out of its place or during the wrong stage of treatment. Also it has, without doubt, already been used without benefit because of the facts just stated.

The indirect symptoms will be briefly considered, as follows:—

°28, 29, 30 are individualistic and would be of value under other circumstances.

July 28, 1908. R. Colchicum, 21 m., one dose.

August 5. Feeling much better. R. Sac. Lac.

August 12. Not quite so well as last week. R. Colch. 21 m.

August 21. Feeling splendid. R. Sac. Lac.

August 31, Not so well for the last four or five days, R. Colch., 21 m.

September 9. At a standstill—not much relief from last medicine. R. Colch. C. M. one dose.

September 21. Symptoms have almost entirely disappeared since last visit. R. Sac. Lac.

December r. Entirely relieved since last visit. No medicine.

January 11, 1909. A mild return of symptoms, this time calling unmistakably for and relieved by Sulphur C. M., one dose.

March 27. Another return of symptoms, this time calling for and quickly relieved by one dose of Nux Vomica C. M.

July 21. Another slight return of symptoms quickly relieved. by one dose of Sulphur C. M.

The potencies used in this case were not selected on account of any special favoritism for high attenuations but because in the judgment of the writer they would both correspond to the personality of the patient and the peculiar nature of the disease.

For a different personality and a different kind of case, the 200th; the 30th; the 6x; or even the θ have been given.

In the opinion of the writer, it would be especially advantageous for our school, as a whole, if the special advocates of particular forms of potency would cease their bickerings and learn that all potencies have each their proper sphere and are necessary in order to obtain the best results in cases.

While the majority of cases will do well under the right remedy in almost any form of potency, if judiciously used, a good many will not respond satisfactorily to potencies that are improperly selected.

SOME PREVENTABLE AURAL CONDITIONS.*

By F. W. Colburn, M. D. Boston, Mass.

A paper upon the topic assigned me by your chairman, who specified that it should be for the benefit of the general practitioner, may not be out of place at this time.

The old adage, "An ounce of prevention is worth a pound of cure," is still true, and especially so when we are considering the organ of hearing.

The object of the writer in preparing this brief paper is not so much to present some thing new, as to reiterate and emphasise a few points for the special benefit of those who are called upon to treat cases before they come to the hands of the aurist, and to urge upon them the necessity of recognising and attending the conditions which are of vital importance to the growing youth. In a measure the work of the aurist is upon results, many of which might have been averted had appropriate treatment been given at the proper time.

The writer does not wish to be misunderstood when he offers "Preventable Aural Conditions" as a topic for discussion.

We may ask: What are "preventable aural conditions? Preventable conditions of the ear are those which, had appropriate treatment been given pre-existing condition, the existing aural disease might have been averted.

What aural conditions then are preventable? You will agree with me that in children we have a great many cases of catarrhal or suppurative inflammation of the middle ear; the latter usually dependent upon the former. You will also agree that an acute or chronic mastoidities, with all its attending dangers is not infrequently the sequel of the middle-ear condition.

^{*} Read before the Massachuset's Homosopathic Medical Society, Worcester October, 13, 1909.

In adults we find the same condition perhaps to a less frequent degree. Now are these conditions preventable? Not in all cases by any means, but undoubtedly many might have been averted had the primary causes been removed.

Upon what pre-existing conditions then are these so-called preventable conditions dependent? Let us for a moment consider a type of cases which frequently comes to us with a history of slight or marked impairment of hearing which the parents have attributed to inattention, thus allowing the patient to go on until permanent damage has been done. We see at a glance that the child is a mouth-breather, has snuffles, or has some obvious obstruction in the upper respiratory tract. On examination we may find enlarged faucial tonsils or adenoids in the nasopharynx, or both. The nose may be obstructed by a deviated septum, spurs or ridges on the septum, hypertrophied turbinals, or polypi.

Now undoubtedly some of these conditions are pre-existent in a large majority of the catarrhal affections of the tympanum. Dench says that one-half of the pathological lesions of the tympanum are caused by the presence of adenoids in the nasopharynx. This is unquestionably true, especially in the case of children. The hypertrophied faucial tonsil may by pressure upon the surrounding structures cause at least a temporary stenosis of the eustachian tube with a resulting congestion of the tympanum.

Intranasal obstructions in proportion to their degree cause during the act of swallowing, a more or less complete vacuum in the naso-pharynx with a resulting hyperemia of the part. Any suppurative process in the adjacent cells or cavities of the nose may cause infection by extension along the continuous ciliated column or epithelium of the mucous membrane through the eustachian tube to the tympanum. Now in order to prevent in some degree those catarrhal and suppurative middle ears, it behooves us to be on the watch for contributing causes and then remove them in so far as is in our power. If then post nasal

adenoids are present, have them removed before they have produced any tympanic complication. I would say the same of tonsils that are enlarged; I would not, however go as far as some who claim that all tonsils that can be seen are abnormal and therefore should be removed. Nasal irregularities should be corrected so that the patient may have unobstructed breathing space. Of all our sense organs that of hearing is one we can ill afford to lose. How much of life is dependent upon good hearing and how many there are whose ears are defective; upon this faculty depends not only much of the social and intellectual enjoyment of modes of rapid transit our safety. Accident insurance companies recognise this fact and refuse to take risks on a person whose hearing is much impaired. Suppurating middlet ear disease will debar one from taking out a policy in mast of the first rate life insurance companies, it is, then our duty as physicians to prevent these conditions just so far as lies in our power. To prevent them is to anticipate them by removing all conditions which tend to bring a middle-ear disease, and by so doing the cases of catarrhal deafness and of running ears" will materially reduce. As was said at the outset, this brief paper is intended merely to emphasise the necessity of using all the means at our disposal to preserve the God-given sense of hearing to the growing generation.

OTHER MEANS OF CURE THAN DRUGS. By H. A. Harrison M. D. Telein N. Y.

The press of to-day, medical, religious and even the everyday newspaper and magazine repeatedly contain articles and editorials which show unmistakably how the public is grasping at every straw for the surest methed of cure of disease, mental and physical; Cure of moral disease in its various forms, which is criminal. There are societies for the prevention of cruelty to animals, for the prevention of the spread and development of pretty much everything under the sun that is desirable. The idealistic tendency

making cure unheeded. The method of the Chinese to pay the physician while the individual is kept well, and when sick, the physician's pay to cease, may not be a bad plan.

I do not believe as was once facetiously remarked by Dr. Oliver Wendell Holmes, that "If all the drugs were cast into the sea, it would be well for man, but bad for the fishes." I do believe, however, that often too much or even the wrong drug may be administered. Many people are getting to think that so many drugs are not necessary, and are trying other methods of cure, as Christian Science and the Emmanual Movement.

Christian Science has been scoffed, at rediculed, and its end predicted, but still it grows. The same is true of the Emmanual movement. Instead of this attitude, adopt the attitude of not only being willing, but anxious to adopt any method of cure that is best and surest for your patient. Endeavour to find and use the kernel of truth that is the basis and the secret of cures made by these cults, namely, suggestion.

It has been urged against the Emmanual Movement by 1)r. Frank C. Richardson, and the same applies with equal force to Christian Science and similar cults that "according to published reports, the cases treated at Emmanual Church belong to classes of disease in which malingering is possible or systerim presumable."

All this is very interesting, because the growth of these organisations has been spontaneous, idealistic, and optimistic, even if many of the arguments have been fallacions. The feeling of recognition of greater power in religion than has heretofore been felt. the evident benefit in the treatment of many diseased conditions by various cults where no actual pathological lesions exist, has led to too great belief in the efficacy of these methods in treating diseases that are dependent on actual pathologic lesions, it is by physicians recognised all that conditions are best treated by suggestion, but now some physician will forget the use of drugs and hygiene, instruments of precision, and machines of physical therapy, if we accept as true the statement that "chronic

rheumatism is the result of a faulty assimilation of food and deficient elimination of waste matter, and something that dieting and a decent frame of mind will cure" we ought to adopt something besides drugs with which to treat our rheumatic patients.

I wish to call attention to a help in treating certain disease, such as consumption, asthma, anamia, diabetes, bronchial troubles and many others by the inhalation of gas produced by passing ozone electrically produced through certain combinations of oil of pine needles and eucalyptus. The method cures by virtue of its giving the blood a greater oxygen-carrying power. So great is the benefit that in consumption an increased rate of gain of weight while being treated and a decreased rate of gain of weight when treatments are discontinued. Other details of treatment and diet being the same, demonstrate conclusively that the consumptive's chance of speedy and ultimate recovery is materially increased by this method of treatment.

A young woman of eighteen, in six weeks treatment gained twelve pounds, her cough stopped, rosy cheeks returned, sleep-less nights disappeared, elevated temperature became normal, appetite returned and she resumed work. Tubercular germs had all disappeared.

A bad case of secondary syphilis in which there were several large ulcers on the buttock, leg, hip, back and lip, had been under treatment for months, and had been unable to get the ulcers healed. In five weeks his skin was perfectly smooth from the oxyoline treatment.

In old bronchial cough the result of the treament is very gratifying. In diabetes and neurasthenia, the results are also beneficial as it is in all conditions when improving the quality of the blood by increasing its oxygen-carrying power is desirable.

In diabetes, Dr. Beckneil, of Goshen, Indiana, has succeeded in wholly eradicating the sugar from the urine of many cases, and in everal other cases far advanced has materially benefited the patient. Insomnia often yields to the treatment, and from the very nature of the treatment in angemia it is most beneficial. reaction from the drug nihilism as advocated by Osler, in the treatment of consumption, believe me, much as it has been the habit of

How many of you have even stood at the tomb of Napoleon? How impressive? The soft blue light streams in through its massive dome seeing continually to bless the sanctuary with a benediction of quiet and peace. Does not this contain a hint of evidence of the sedative action of blue light and in contrast consider the effect of a flaming scarlet in the face of an angry bull. From this point it is not hard to see the different actions of the tarred colored lights, although it may be hard to tell why it is so. But it is continually so in nature the same rain, sun, air and soil support, at the same time and place, plants, one of which is a nourishing food and the other a deadly poison.

A young man who had been so lame as to necessitate cane and crutch, who had been unsuccessfully treated for broken down arch of the foot, suspected hip-joint disease, was found by me on careful and thorough examination to have a fairly good arch to his foot, no knee or hip-joint disease, but a tenderness over the sciatic nerve which I diagnosed as neuritis. A single treatment with the rays from my twelve-hundred candle power lamp relieved to a great extent the pain, and a second treatment stopped the lameness entirely. Four more treatments were given and the young man continues in perfect health withor any pain or lameness whatever.

I have repeatedly been able to relieve the pain of sciatic rheumatism and lumbago, so that the person lumping into my office walked out without lameness. In tubercular conditions I often use the lamp over the chest and back after the patient has surcharged the blood with oxygen by the oxyoline treatment. I believe in this why we can further improve metabolism and probably hasten complete recovery.

Be careful, however, or the pendulum will swing too far and suggestive therapeutics or the hobby of some cult be employed when drugs are better. Avoid extremes, even now there seems to be a

many to decry the use of drugs and employ only diet, fresh air and hygienic surroundings that physician who adds to his armamentarium the indicated drugs and certain instruments or principles of physical therapy, viz.—a Viorator, a high power lamp, an ozone generating machine, and uses them intelligently in connection with diet, fresh air and hygienic living, will cure a large number of his consumptive patients and cure them more quickly than if he depends solely on air, food and hygiene. The best and most progressive method of treatment is none too good for patients. Give it to them, if possible, even if the necessary equipment does cost thousands of dollars.

Listen to Dr. Porter's definition," A homeopathic physician is one who adds to his knowledge of medicine a special knowledge of homeopathic therapeutics and observes the law of similars. All that pertains to the great field of medical learning is his, by tradition by inheritance, by tight." Read it again, Read it often. Be broad-minded enough to give those employing you the benefit of all knowledge from every sources no matter what, so far as within you lies.

CLINICAL CASES FROM THE FOREIGN TOURNALS

The continental journals of our way of thinking in therapeutics contain records of many valuable clinical cases, and as they pass under my notice it has occurred to me that on occasional selection from them might be of interest to English Homeopathists. I therefore offer you a number from the French, German and Belgian Journals.

CASE I. BY DR, KRUGER.

The patient was a girl of 14: From birth she had been subject to compulsive attacks at intervals varying from thirty to forty five

^{*} Read before the Cooper club.

days. The attack began with a cry, the eyes and head were turned to the right, the pupils were dilated, and there were general convulsions of the right arm and leg. The treatment at this date was by Bromide of Potash, which controlled the attacks somewhat. At the age of three years the attacks again returned, this time without the initial cry, but affecting still the right side. came every month. Bromide and Iodide of Potash and Arseniate of Soda alleviated for five months, then seemed to lose effect, As the child grew up the right remained relatively atrophied, with tendency to drag the right leg, and in this condition with frequent convulsive attacks she was seen by Dr. Kruger. He found a family history of Tubercle, and a personal history of tendency to various skin eruptions. The actual condition comprised the following facts: -slight spinal curvature (lateral), scanty monthly periods, palpitation, wound healing slowly. The convulsive attacks were now quite frequent with an epigastric "aura" vomiting or diarrhœa frequently preceded the attack. The ordinary condition of the bowels was that of constipation. Cyanosis and vomiting of blood frequently followed the attack. The muscular contractions were toxic and still affected the right side. Homeopathic remedies of various kinds brought little or no relief, and after six months were stopped. Incontinence of urine now appeared, anorexia and more frequent convulsive attacks especially at night. Soon continued fever necessiated rest in bed, aphasia and paralysis of the palate and paresis of the throat muscles next appeared, with dry cough. The left side began to atrophy and the convulsions still beginning on the right now went over to the left.

Dr. Kruger, re-consulted at this time, determined to treat the constitution primarily, and prescribed on three successive mornings one dose each of *Tuberc.* 200, *Baryt. carb.* 30 and *Laches* 30. The fever was checked at once and the general symptoms improved. A repetition of the series of remedies caused an increase in the number of the attacks, but this was followed by diminution on the lengthening the interval between the doses. *Luches* was presently omitted, but occasional doses of the other two remedies were

given. By the end of the month the convulsive attacks had ceased altogether, and by degrees the appetite returned, the incontinence and constipation disappeared, and the muscular power and ability to walk were re-established. At the time of reporting the patient was normal, except for a weakness of the right foot and a nervous excitablity that made her start at slight noises. I have summarised the case somewhat, but enough has been reported to show you that the condition was a very grave one before the constitutional treatment was undertaken. These was a tendency to subcutaneous hæmorrhages, especially about the hips, which may have been one of Dr. Kruger's indications for Lachesis, but as a matter of fact the case seems to have depended mainly on the Tuberc, and Baryt. Carb.

CASE II REPORTED BY DR. FANCONNIER.

A man of 38 was found to be suffering from frequent attacks of severe neuralgia on the left side of the face, which had been occurring for six weeks. The pain seemed almost confined to the supra-orbital nerve, but radiated at times to the temporal region and the bridge and side of the nose. The gums were red and swollen; caries of two teeth on the same side. Ac. nit. 30, twice a day produced great improvement, the same remedy in the 200 ended the left-sided pains. Pains at night in both upper and lower jaw on the right appeared, but were promptly cured by Cham. 30, and eighteen months afterwards there had been no return of the neuralgia.

CASE III BY DR. BALTZER.

A woman of 32 had suffered for nine months from sciatica, left-sided pains shooting from the hip to the foot, along the nerve. The pains came in paroxysms, very severe, entirely preventing movement. Baths, massage, electricity had been tried in vain.

The pain was ℓ exertion 7 lying with limb stretched out, pain burning ℓ pressure 7 rest giving no trouble at night, but beginning in the first movement in the morning. (Standing up after sitting *Natr. Sulp.* 30 was given and cured at once. In the following four months there was only one very slight attack.

CASE IV.

A woman had suffered from burning pain in the right shoulder for six weeks \angle movement of the arm \angle walking 7 rest 7 night, not sensitive to pressure. *Bryonia* 6 relieved at once, and cured quickly, after the failure of *Aspirin* and salicylates. electric and X—Ray applications.

CASE V. BY DR. CHIRON.

A gentleman of 59 consulted Dr. Chiron for nocturnal attacks of dyspnœa preventing sleep. He was tall and pale, of temperate habits, but a great smoker. The attacks of dyspnœa had been coming for a month, and getting more severe orthopnœa with great anxiety and oppression every night. A little heavy sleep during the day. Palpitation of the heart, distention of the abdomen loss of breath on slight exertion. The heart was found enlarged downwards, the arotic second sound accentuated, the pulse full and bounding, and arteries rigid and the liver enlarged. A trace of albumen in the urine. A diagnonis of arterio selerosis was made. and Arsen, Croton, Spigelia, Baryt. Carb. and Carb. Veg. according to indications brought about considerable improvement, which lasted till the following autumn, when an attack of bronchitis brought back the old symptoms in an aggravated form. The urine began to diminish and cedema of the ankles appeared. Arsen, Apis, Cratæg, Digital, Apocynum and sp. gland zuercus all failed to relieve and the condition began to appear desperate. The heart was galloping, pulse 12C, both lung bases engorged liver much

enlarged and tender, urine scanty and diminishing with a quantity of albumen, and both legs edematous and the body up to the middle of the back. Dyspnœa constant but at night with delirium Ell serum 6 was given every two hours and the result was extraordinary. In twenty-four hours there was a great increase in the urine and lessening of the cedema. The delirium vanished and the next night was peaceful and the heart quieted. The improvements continued steadily and in eight days the patient was out of bed, and remained well till the time of reporting the case. Dr. Chison regrets that as yet we lack precise indications for this remedy, but of its rapid and effective action here there can be little doubt.

CASE VI. BY DR. FAVRE.

The patient was a lady who had passed the menopause three years previously, of middle height dark complexion with a yellow tint. She complained of a severe pain in the left shoulder joint much \angle first thing in the morning preventing her from lifting even a light object. There was also pain during the day \angle movement of the arm, but less than in the early morning. She had suffered for fifteen months, and through the pain was at present affecting the left arm the right had previously been the seat of trouble and had been swollen. For six months, however, the left shoulder joint had remained painful. Sepia 30, one dose daily for eight days, cured at once; a few doses of sepia 100 were given to consolidate the cure, and there was no return of pain.

CASE VII.

A healthy girl of 18 was much troubled with eczema behind the ears. The skin was red and covered with a weeping eczema, which tended to spread on to the neck and cheek. Otherwise healthy, except for a tendency for the menses to come too soon. Calc. Carb. and Graphites caused a short amelioration, then the malady began to spread over the face and the scalp, with rounded scaly patches and less moisture. The right elbow-joint also showed a patch in the fold. Sepia 30 cleared the case up in five days, and the patient remained well up to the time of reporting the case.

I regret that I have omitted to note the name of the Doctor who reported this case. It is taken from one of the French Journals.

A woman of 31 consulted the physician on account of varicose ulcers on both legs, which had been present for four years. Various forms of treatment had brought temporary alleviation but no cure for the last few months before her visit the ulcers had increased in size and become very painful. The pains were nightly preventing sleep. The patients' business necessitated much standing. ulcer, was found on each leg, one on the inner side of the left leg above the unkle, L-shaped, 21/2 inches in its longest measurement: the other on the outer side of the right leg of a triangular shape, 2 inches in its greatest length. The surface was purplish, and the pus matery and foul. The skin all round was dry, brown and sensitive. Clematis 6 twice a day was given, and a local application of Clematis θ 20 drops in 100 grains of water. In ten days improvement was manifest, the ulcers were cleaner, the discharge no longer foul. Less pain, but a good deal of burning & night, in bed. Sulphur 30 for two days was given then Clematis 6 again. In a month the wounds were obviously healing with healthy granulations and the burning and pain were practically gone. three and a half months healing was complete. Clematis was given nearly all the time. On one occasion Uva U. for indigestion and constination, and at end of the time Rhus T. 6 for a little eczema that appeared on the right leg. The patient never left work. and the case has remained completely well till the date of reporting the case.

CLINICAL NOTES.

By Dr. Margaret Tyler.

Graphites in Adhesions* Emily D. (20) came to Dr. Macnish's out patients on April 23rd, 1907, complaining of pain and stiffness in left elbow and in both shoulders. She had then been ill for eighteen months. She had previously suffered with anæmia, had three times fractured right clavicle, and was left handed. When she came up she was unable to flex left elbow; it was fixed completely at an angle of 75 degrees. Both shoulders were stiff, and painful in the early morning. The illness had had an acute onset, with weeks in bed. She was treated with Rhus, Ruta, Tuberculinum, Hypericum, Symphytum, Cimex, sometimes at the hospital, sometimes at the dispensary and improved a little, but not generally as regards movement. On February of this year (1909). She had the adhesions broken by the successor to Dr. Wharton. The result was not good. She came back in March when she was still doing exercises, and had Ruta again. She was "not much better; afraid it was made worse" as there was inflammation. On May 21st, she came again to hospital, when the note is "Run Rheumatism shoulders and ankle." Graph C. M. one dose weekly: (4 doses.)

September 28th—Better-gaining weight. Adhesions less. Moves arm much better. *Graph. C. M.* once.

October 26th.—Shoulder and elbow free. Graph C. M. once.

I have not given all the notes of the case, because none of the treatment, operation or medicinal, had much effect before the Graphites, and it is therefore without interest.

But why Graphites? What were the indications? Sad to confess, the "indications" were only hints; but they came from Nash and Kent, Nash says of Graphites, "old hard cicatrices soften up and go away under its action, especially those left by abscesses of the mammee." And Kent amplifies this in his lecture on. Graphites

This case was shown by Dr. Searson to his class.

and shows its relation to cicatrices of a low grade that contract attaindurate. Which one may translate "inflammatory" or "scartissue." I had already caught at the hint in a case of pericardial adhesions, which have disappeared under this remedy; and so tried it in this case, with the result that adhesions of four years standing—which had resisted remedies and operative means, have practically disappeared with five doses of Graphites C. M. in three or four months time. The girl can pronate and supinate freely her left arm, and put it behind her back.

This case is published by way of suggestion. In old incurable nerve-cases, are we not told that the element of inflammatory tissue may come in, strangling nerve-tissue and preventing its nutrition and recovery? Might not a few doses of *Graphites* here mean new hope—as an intercurrent? One person, any way, is going to try?

Moral No. 2. How few and infrequent doses are needed in these chronic conditions, with frequent doses one of two things is likely to happen either the drug produces symptoms, and may have to be discontinued before sufficient time can have elapsed for the wrong to be righted, for you cannot expect to get rid of such conditions in a week or two; or toleration is established, and the patients gets so accustomed to the drug that repeated imparts cause stimulate.

HINTS.

Urging to urinate; if any passes it feels scalding hot; perhaps pain in small of the back, calls for Cantharis 3. Homeopathic world tells of a case of consumption with high fever, cough and profuse sweating and all signs of an acute case that was given Lachesis with wonderful benefit, and aided by an occasional dose of Bacillinum finally cured.

When an otherwise normal person becomes cross, spiteful, snappy and generally hateful, give a dose of Chamomilla and cure

them. This has been repeatedly varified in young children and infants, but it applies to adults as well.

In case of fatty degeneration of any part Phosphorus may be needed remedy, though complete cure is very doubtful.

A typical neurasthenic is often benefited by a course of Calcarca Carb. When you have "a cold in the head" that is better in the open air and worse in doors try Allium Cepa 3.

Where there is a yellow, acrid discharge from the eyes Euphrasia may be the needed remedy.

Throbbing pain in: the eyes with intolerance of light calls for Belladonna. If the eyelids are puffy and there is stinging pains Apis Mel. 3 is indicated.

Carbuncles, abscesses, gangrene, erysipelas or any skin disease that Lachesis will cure are all bluish, sensitive to the touch.—C. V. Urban, M. D., Rockford, III., in Herring quarterly.

Hiccough in the old or very weak is often relieved by Magnesia Phos. 6x. "Cimicifuga is potent remedy in all diseases of the mental system where melancholia is prominent among the symptoms, especially when accompanied by sleeplessness. This better symptom is one of the key notes to its use in nervous effections and should always be remembered.—Howes.

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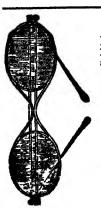
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THE INDIAN

HOMEOPATHIC REVIEW.

A Monthly Journal of Homeopathy and Collateral Sciences.

XIX.] MARCH 15, 1910. [No. 3.

INFANTILE ENLARGEMENT OF THE LIVER.

We have time and again referred to this dreadful malady in the pages of this journal That enlargement of the liver is a very common ailment of children in India, is well-known to all. The treatment of this disease was very doubtful in its results before homeopathy became so popular here. We are glad to be able to state that we are almost uniformly successful in checking the growth of the disease, unless in cases where the liver has become absolutely caked and jaundice is fully developed and true cholemia has already developed. Infantile enlargement of the liver is observed in children from the age of 6 months to 2 or 3 years. It is our general experience that, the older the child the more hopeful is the case.

The disease is ushered in with fever. The child suffers from fever for a few days and the liver is observed to be hypertrophied. In some cases, we notice no fever. The onset appears to be insidious.

Etiology-General mal-nutrition, heredity (the parents

being sickly and unhealthy, particularly where the mother is dyspeptic and suffers from acidity and indigestion), irregularity in diet during fever, malaria and tuberculosis are some of the causes for the production of the disease. The crowding of large numbers of people in ill-ventilated houses, impure milk supply and disregard to general hygienic rules in large cities are also some of the other causes of the disease, for the disease is certainly more common in cities than in the country. Of course this is a disease peculiar to the tropical climate.

Pathology—As yet the pathology of this disease is every obscure. Generally during fever, if improper food is given to the child, the liver becomes enlarged and hyperimic and ultimately hypertroply results. As the disease is rare in Europe and America, we do not find any description of this peculiar malady in our standard works. Dr. Fisher speaking generally of liver diseases says:—In certain lithemic states the liver may be at fault, and in chronic malarial infection it is generally involved. Errors in diet, as excess of rich food and the administration of stimulents, in young children frequently result in hepatic congestion. Cirrhosis is caused by the use of highly seasoned food during childhood in children with bad antecedent history, the cirrhotic state being lighted up by the development of ptomanies. Jaundice occurs also in scarlet fever and tuberculosis.

Symptoms:—Fever with enlargement of the liver, the fever is generally not very high, temperature ranging from 100° to 103°. Sometimes the fever is intermittent, at other times it is remittent. The liver grows larger and larger until at last it occupies nearly the whole of the right side of the abdomen. At first it is soft but soon it becomes hard and caked. The bowels are irregular. In some there is diarrhæa while others are constipated. Gradually jaundice develops,

when the case assumes a grave aspect. At first it is but slight, only the conjunctiva is yellow tinged but by and by the whole body becomes yellow, even the sweat and urine become tinged with bile. Now a true picture of cholemia supervenes and death ensues.

We shall deal with the treatment in another issue of the paper.

J. N. M,

AN APPEAL

The undermentioned members of the Committee of Management of "The Calcutta Homeopathic Hospital Society," which was registered in October 1909, under act XXI of 1860, beg most respectfully to approach the public with an appeal for funds "to establish and carry on a Hospital for treatment of patients, both indoor and outdoor, free or otherwise, according to the homeopathic method of treatment."

It is most gratifying to let the public know that the society have secured a plot of land measuring about a bigha, at 265, Upper Circular Road, Calcutta, through the generosity of Ranee Kashturi Munjuri Dassee of Posta, who after buying it at a cost of Rs 22000, has made a gift of it to the Homeopathic Hospital Society for the aforesaid purpose. The old building standing on the plot of land is undergoing repairs and a plan has heen drawn up by the well-known architects and builders of the town, Messrs. Martin & Co. for the construction of a new building (one story), the cost of which is roughly estimated over Rs 35,000.

The efficacy of the homeopathic mode of treatment and its especial adaptability to the conditions and needs of our country have long past the experimental stage and secured for it a recognised position. Fully qualified medical men are now betaking themselves to this system in preference to the methods in which they have had their training, but a long time, it is feared, will yet clapse before a large body of qualified homeopathic practitioners comes into existence to meet the crying needs of the country, unless and until at least one fully equipped hospital be founded and suitably endowed in the metropolis of India, a hospital which will be the home of the needy and poor patients and nursery of trained homeopathic practitioners.

They therefore earnestly look to the generous public to come to the help of the Society in realizing the scheme inaugurated by the gift of a lady.

All remittances by way of subscription or endowment or both are to be made to the Secretary D. N. Ray, M. D., '62-2' Beadon Street, Calcutta, or to the Bank of Bengal in 'the name of the Secretary.

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INDIVIDUALIZING CASES.

Some time ago we ran across a joke, one of those you find filling in odd spaces in newspapers and other publications, that read somewhat as follows:

Dobson-"How are you, Jobson?"

Jobson—Rotten! I've got a beastly cold. What will cure it?

Dobson—"I duppo."

Jobson—"Shake, old man, you're the first truthful fellow I've met to-day."

This is typical of nearly every one's experience. No matter what ails a man who is able to go about, and has the habit of detailing his ailment to those he meets, he will receive advice, telling him what to do, or prescriptions of something to take to cure himself from nearly every one he meets. A "cold," "the grippe." a "headache," "neuralgia," are a "cold," a "headache." etc., etc., and they are nothing more to the average man. And they are the same to the average allopathic physician if they are what he calls a "germ" disease; indeed, in the matter of prescriptions, the public and the allopath are pretty much in the same boat, they both prescribe for the name of the ailment.

The man who suffers from a certain ill and finds a drug that gives him relief, afterwards is apt to go about advising every one suffering from any ill dubbed by the same name as he had, to take the drug, or do the same thing, that he did, and is generally disappointed when next he meets his friend to be told "it didn't do me any good." Similarly is it with the physician who reads of some drug that has worked marvels of cure in any disease with a name-He tries it, finds it "didn't do one any good," and in time that physician becomes a therapeutic nihilist, and turns to hygiene, nursing, diet and so on when he wants to relieve his patients, and secretly laughs at any one who talks of curing diseases with medicine.

It was on account of this sort of thing that Hahnemann taught as he did, and homeopaths ignore the name of the disease, individualize their cases, and treat the patient and not the disease name. The homeopath takes the symptoms, which are related to him by the patient, or his attendants, and those which he sees, hears, or feels, and from this totality of the symptoms and history of the disease he searches for a drug that presents in its provings the nearest approach to the totality exhibited by the patient, and generally radically cures his case. There is nothing simpler than the theory of Homeopathy, it is as plain as A, B, C, but the art of applying it, of the keen insight into the disease totality, and the corresponding drug totality, is one of the highest arts known to man. Thus it is that if you know a genuine homeopathic physician, one who is guided by the law, it is wise to keep in touch with him. His cures are not always justly appreciated, for, under the true remedy, the disease fades away, is forgotten, and the patient does not know that something akin to a miracle has happened to him. Had he gone to the man who treats disease by names, he would have had an imposing battle array sent against the disease, have seen a mighty sham battle fought over him, and, if he recovered from the effects of this onslaught, would have had a profound respect for the majestic thing. action of the homeopathic remedy is not imposing, hence it is that only the (mentally) better class can realize it and justly estimate it. Hence, also, the apparent slow growth of the Science of Therapeutics.

Many sick people are like the heathen, they want "something done." The heathen beat drums to scare away the disease devils, this satisfying the patient's mind and not harming him; this procedure could be substituted with advantage by many civilized men for their style of treatment.

ALLIUM CEPA-MATERIA MEDICA.

BY H. C. ALLEN, M. D.

Onion. Liliaceae,

Acute catarrhal inflammation of mucous membranes, with increased secretion.

Catarrhal dull headache, with coryza; < in the evening, > in open air; < on returning to a warn room (compare, Euph, Puls).

Headache ceases during menses; returns when flow disappears (Lach., Zinc.)

Eyes; burning, biting, smarting as from smoke, must rub them; watery and suffused; capillaries injected and excessive lachrymation.

Coryza; profuse. watery and acrid nasal discharge, with profuse, bland lachrymation (profuse, full of acrid tears, bland and fluent coryza Euph).

Acrid watery discharge dropping from tip of nose (Ars., Ars. iod.).

Spring coryza: after damp north-easterly winds; discharge burns and corrodes nose and upper lip.

Hay fever: in August every year; violent sneezing on rising from bed; from handling peaches-

Nasal polypus [Mar. v., Sang., Sang. nit, Psor.)

Catarrhal laryngitis; cough compels patient to grasp the larynx; seems as if cough would tear it.

Colic: from cold by getting feet wet; over eating; from cucumbers salads; hemorrhoidal; of children; <sitting, > moving about.

Neuralgic pains like a long thread; in face, head, neck, chest.

Traumatic chronic neuritis; neuralgia of stump after amputation; burning and stinging pains.

Panaritia: with red streaks up the arm; pains drive to despair; in child-bed.

Sore and raw spots on feet, especially heel, from friction. "Efficacious when feet are rubbed sore"—Dioscorides.

Phlebitis, puerperal; after forceps delivery.

Relation - Complementary: Phos., Puls., Thuja.

Compatible; before, Cal and Sil, in polypus,

Similar: to Euph., but coryza and lachrymation are opposite.

Bad effects from getting feet wet (Rhus,)

Aggravation—Predominantly in the evening and in warm room (Puls—in open air, Euph.)

Amelioration-In cold room and open air (Puls.)

HINTS.

For every annoying rumbling in the bowels try Aloe.

Persons inclined to faint may need Ammonium carb.

Those troubled with cold heads may be bettered by Sepia.

For a tickling cough, in those subject to bilious headache, try Sanguinaria.

For a bruise-like aching in the eye, try Ruta. Also for the pain persisting from sprains and wrenching.

For eroticism, Picric acid 30.

Sore throat, swallowing hurts, bone pain, Phytolacca-

Stupor, red face, slow breathing, Opium.

"Worse in the morning,' Nux vomica.

Green, bitter, bilious condition, Natrum sulph.

Old cases of malaria are often cured by a few doses of Natrum mur.30.

Itching, scabby spots, Mezereum.

Oenanthe crocata is mentioned by the old medical writers as a remedy for epikepsy or "fits." One of them describes the effect on those eating it. Of a sudden they fall backward, and lie sprawling on the ground: their faces soon turn ghastly; they foam at the mouth.

Unless otherwise stated the above drugs are to be used in what pharmacists call "regular strength"—3d or 6th—and about eight pellets at a dose, taken four times a day. —Homeopathic Envoy.

SOME THOUGHTS ON MATERIA MEDICA. By W. A. Yingling, M. D.,

Emporia, Kansas.

The Materia Medica, like good money, should not be curtailed. To the true physician it is more than money in value and the more he has of it the more gold he will be able to handle and the happier will he be. Some people do not want money-but, then, it is no use to mention them; let them rest in peace. The better the physician the greater the need of a complete and untampered symptomatology is recognized. To cut down the symptomatology is like cutting down prices: it prevents cash payments in pure gold and substitutes promises to pay on poor paper. As with pure gold, the true physician will never have enough Materia Medica till every sick-making substance has been intelligently proven a la Hahnemann. This statement is emphasized from the fact that in Homeopathy there is no substitution of remedies. The one remedy indicated is the only one that will do the work completely, satisfactorily, to the best interests of the patient-Some other near remedy will palliate, but the true cure that establishes true health, comes alone from the indicated remedy. The conclusion is evidently palpable and plain; if the Materia Medica is emasculated, abridged, the easy and efficient service of the physician is hampered and curtailed. And, then, who is to do this emasculation ? No man, much less a self-appointed committee of inefficients, is capable of determining the value of any symptom a priori, and no one

has had experience broad enough to include every possible phase of the symptomatology or the sick-making and, hence, curative power of drugs.

The Materia Medica is too bulky, but this bulk comes alone from its repetition of conditions and symptoms, from its arrangement, and not from its contents. Frequently a number of symptoms referring to the same conditions or to the same part requiring large space can be succinctly and clearly stated in a fourth of the space used, or less, and be as intelligently usable. What we need to get rid of is the repetitious bulk and not the symptomatology. The need is a scientific arrangement and not emasculation. The bulk is essential in the provers' record only.

The abridged Materia Medica is seldom of use except to refresh the memory when absent from the complete work. In very important and difficult cases the abridgment becomes useless and misleading. Homeopathy is an exact science and to get good results the practitioner must follow the exact rule of similitude in selecting a curative remedy covering the totality of the case in hand. This totality is not the aggregate of symptoms, but the complete individual symptom as to its sensation, location, modality and concomitant. One symptom in its totality is worth a dozen incomplete ones.

But the objection is that no one can master the Materia Medica by memorizing its contents. Of course not. That is not only impossible, but undesirable. There is a greater need to the true Hahnemannian physician than a parrot-like memory. Memory does not imply judgment, discernment and close discrimination. The memorized Materia Medica is not always the available Materia Medica. Many students can perform wonders before the examining board that fail dismally at the bedside. Many brilliant prescribers

would fail to pass a very creditable examination before the board, but before the sick bed pictures of the diseased as expressed in symptoms readily call to mind remedies or they know just where and how to find the information leading to the curative remedy. A true physician's first duty is not to display his wonderful memory, but to exercise his ability in selecting the suitable homeopathic remedy to cure his patient. A good repertory is a better and safer key to the Materia Medica than any man's treacherous memory. Of course, in the study of cases many valuable indications will adhere to the memory which will be at command. The mere memorized prescriber will dismally fail in the majority of cases, whereas the one who depends on his books will usually be successful. No one attempts to memorize the dictionary; it is a reference book always accessible and ever at the side of the scholar and author. The Materia Medica is the same to the homeopathic prescriber, but with this addition: as he is the author of cures based upon the individuality of each separate case he must be a constant student as well as searcher of the only source of his ability and skill. New relations, new modalities, conditions of symptoms compel him to open his repertory and study his Materia Medica. If he guesses he not only loses much valuable time, but dismally fails. An exact science demands an exact art in its application.

We need two repertories. One an index to peculiar and characteristic symptoms and keynotes; the other a complete concordance to the complete Materia Medica. Abbreviated repertories like condensed Materia Medicas are only partially helpful and very often lead us into the slough of despond and disappointment. The work of book-making, and largely of book publishing, is a work of love. Our people are too parsimonious, or, in plain English, too stingy

toibuy the books that will not only be helpful in their work, but'will make the dollars come in ten fold, and many times an hundred fold. Our school should demand the very best books and encourage their publication by buying them.

While it is true a memorized Materia Medica is not the available Materia Medica, yet a deep and broad conception, a comprehension of the principles of the Materia Medica is essential to the easy access of the repertory and Materia Medica. Very often we know a man by his general appearance, yet cannot name him. In the same way the skilled physician with this comprehensive conception of the Materia Medica can see the remedy in the general make-up and expression of the patient without knowing the symptom totality. This course is not commended, for we must be exact in our work, but it shows the possibilities of careful study. This skill will never come as a result of memorizing the abstract symptoms. It is the result of the study of the principles of the Materia Medica, the getting down underneath the words composing the symptoms. The combination of symptoms, the modalities, the peculiar sensations, the concurrent concomitants all enter into the phase of every case and every prescription. This is what is meant in the 153d section of the Organon and raises the true prescriber above the sphere of the mere symptom coverer. The symptom coverer will often hit the mark, sometimes the bull's eye, but his compass is out of balance and uncertain. The man who gets down to the bottom of things, comprehends the principles of the science and art of Homeopathy, even without remembering a single symptom, can, with the aid of Kent's Repertory and a complete Materia Medica, hit the bull's eye most frequently; his compass is exactly balanced, true and reliable. This skill does not come to the indolent doctor who whittles store boxes and gossips as a pastime.

above all else diligence and application to study are essential, for "there is no excellence without labor."

There are two kinds of study which I have found to be most helpful in the study of the Materia Medica. Of course, as a preliminary, a very thorough study and comprehension of the Organon is essential. To make easy and efficient use of tools we must understand the basic principles governing them. Homeopathy is the only science of medicine and is exclusively governed by principles which must be comprehended and understood before we can expect to apply them intelligently. The homeopathic Materia Medica is a mass of nonsense and confusion to the mind of the allopathic practitioner because he cannot look upon its contents with any intelligence, being entirely ignorant of the principles governing the science and art of Homeopathy. Many laymen grasp the principles readily and make comparatively good prescribers in the ordinary sick conditions without knowledge of other necessary branches of medicine. I would rather trust my life in the hands of such a layman than in the hands of the very great majority of doctors who scorn and ignore the principles of pure Homeopathy.

One plan of study is through the properly reported clinical cases in our journals. It has been my habit for years to read these clinical cases, avoiding the remedy where possible, and selecting the remedy, or endeavoring to do so. When I fail I examine the case and the Materia Medica to ascertain wherein I have failed. This study has made me a rapid prescriber in ordinary cases. Often, where a number of remedies have been used, my selection finally cures the case, showing that I was right and the journal writer wrong in his first selection. In other cases where I fail, the study to find the reason for my failure leads to great benefit and most valuable information. I never pass a case till I know why the rem dy

was given, if possible. Of course, many of these cases are not properly taken and reported and hence are useless for study. No one could prescribe intelligently on the date given. The more thoroughly and homeopathically the case has been taken and reported the more easily and correctly can the remedy be selected. If our young men will adopt this plan they will find great benefit. But to do the expected good the study must be thorough and intelligent; mere cursory reading and guessing at the remedy will not materially benefit. A rich field of usefulness along this line is in the old journals of cases reported by Hering, Lippe, H. N. Guernsey, Wells, Allen and others, Many of these old journals are veritable gold mines of knowledge. Some twenty years ago I paid twelve dollars for the three volumes of the "Organon," a journal edited by Doctor Skinner, with many cases reported by these old wheel horses who gave Homeopathy its standing before the American people. That was the best investment I ever made.

The other plan of study is with the Materia Medica direct. This plan is not to put forth any particular effort in the usual manner to memorize the abstract symptom, but to form a vivid picture of the symptom totality (not the aggregation of symptoms) and associate the remedy with it. When I see that picture on the bed in actual practice the associated remedy at once comes to mind; it can't help coming to mind if the original picture has been vivid and correct. The law of association governs the recollection; it is true memory. Without this association there can be no true memory. Where this plan has been thorough and extensive, taking in all phases of the remedy, and all remedies, the physician of judgment and discernment can prescribe almost by instinct, and will readily, as he should generally do, turn to the Materia Medica for the information that will confirm

his selection. This plan of study is very similar to actual experience in practice. When a physician sees a critical case before him and sees the remedy give the desired relief, he will not forget it very soon, if ever. In after years, when a case like it presents itself the law of association completes the picture by presenting the curative remedy. The more vivid the pricture through his anxiety and concern, the more lasting the impression.

At first the picture-study will be very slow, the pictures will form slowly, but by practice in a short time a mere effort of the mind to form the picture will suffice to make a lasting impression. In this, as in all things, practice makes perfect. It is the easiest and quickest way to study the Materia Medica and gives the most lasting results in recollection of disired data. The trained mind is quicker than the flash of lightning, and quicker than you can give the idea in words, will leap to the distant brilliant star, or travel over land and sea to the far away home with a vivid picture of boyhood days of many years ago. The mind in action is the most wonderful entity of all the wonderful creation of an intelligent and omnipotent God. Next to Redemption the Law of Similars is the capsheaf of God's goodness and mercy to suffering humanity, for it brings relief to the suffering mind and body and enables the progeny of the human race to have a new lease of life and a renewed start in the state essential to procreative health.—Medical Century.

ARSENICUM ALBUM.

By Geo. Royal, M. D., Des Moines, 1A.

When your chairman wrote asking me to give you "A few notes on Meteria Medica," I knew he did not want me to

prepare and deliver a general lecture on the subject, neither did he want me talk to you as I do to my students on any particular remedy. I understand that he wanted something plain and practical-something which you experienced, general practitioners may use in your future work. Therefore, I have decided to give you my experience with Arsenicum Album. This experience will be given in a series of cases, taken from my case book, each group representing a group of verified Arsenicum symptoms. I want you to be free with your questions and will be pleased if you will ask them after the presentation of each group. I wish you would note that opposite or contrary symptoms such as "pale face" and "flushed face" or "scanty urine" and "copious urine" never appear in the same group. This request is made because I believe that the study of symptoms, in groups, is not only the way of obtaining the best practical working knowledge of a remedy, but that it is the only method by which you can reconcile the apparently contradictory symptoms produced by many of our drugs.

Wishing, for convenience, to apply the names to the different groups which are found in our text books and to present some of the grosser manifestations of Arsenicum, first I will relate three cases of epithelioma:

EPITHELIOMA.

Case I.—Woman, single, aged 18, light complexion, with a tubercular and rheumatic family history, irritated her lower lip. The irritated spot did not heal well and a few months later a tumor appeared and ulcerated. A crust formed upon the ulcer. There was a "burning" pain at the point of ulceration. Later there were "lightning-like pains" as if a small red-hot wire were thrust through the skin following the course of the lymph-channels of the chin and neck. The

glands of the same region were enlarged and indurated. The patient was worrying and losing flesh. A microscopical examination confirmed the diagnosis of epithelioma. A paste composed of equal parts of Arsenic and gum Acacia was prepared. In the amount used was put a fourth of a grain of Morphine. The paste was made just thick enough so that it would not flow. The ulcerated part was Cocainized and curetted before the paste was applied. The entire raw surface was covered and over this was put a coat of Collodion to keep the tongue from contact with the paste. Over the Collodion adhesives were placed to keep everything in place. The patient was informed that there would be pain, swelling and probably suppression of urine. Twelve hours later I had to inject a fourth of a grain of Morphine so great was the pain.

The first dressing, including the paste, was removed after eighteen hours. The parts were carefully cleansed and then dressed with Calendula cerate, over which the Collodion and adhesives were placed as at the first dressing. During the first eighteen hours the swelling of the glands of the chin, neck and tongue was greatly increased; at the end of five days these symptoms had disappeared; one week after the application of the paste the woman was put upon Arsenicum 30th and kept upon it, at intervals, for nine months. This was in 1899. There has been no return.

Case 2.—Male, attorney, married, family history nil. About the same symptoms as in Case I., except that it was of two years' standing and that the ulcer was nearly all upon the mucous surface of the lip. For this reason I took four parts of the Arsenic and six of the gum for my paste.

Case 3.—Male, aged 65, the epithelioma was on the right cheek just below the ear and the glands were involved on only one side. The paste in his case was six parts Arsenic

and four parts gum. The preparations, dressings and after treatment of cases 2, and 3, were the same as in case 1. No return in either case.

ENTERALGIA AND ENTERITIS.

Case.—Female, aged 32, small, dark, wiry, active, neurotic, came to me with the following group; "Burning pains like red-hot fine needles;" "lancinating pains about and out from the umbilicus, worse from touch:" "the abdomen was very sensitive at times, at others not at all sensitive"; "uneasiness in abdomen before stools;" "the stools were watery, dark, with burning in the rectum while passing." A few hemorrhoids in which was the sensation of being thrust with red-hot pins." "Restless and anxious just before stool and during the pains in the abdomen." The woman was emaciating rapidly. She was given Arsenicum 30th, her diet regulated and was assured of quick results.

At the end of a fortnight, she was no better. She was then put upon the 6th, but after taking that for three weeks was worse rather than better. She then gave up our treatment for that of our advertising friend on a three month's contract. Under this treatment she grew worse. For a few weeks afterwards she had no treatment. About six months after her first dose of Arsenicum she came into my hands the second time.

The case was retaken but only Arsenicum presented. Arsenicum was given in the 40 M., a graft of which I had obtained from Prof Burdick, one dose and Placebo. She was ordered to report daily. First day no change, second day no change, third day, slight improvement in the pains, which continued for five days, then ceased. A second dose of the 40th was then given with more Placebo. This caused a slight improvement for eight days. After waiting for three

days without change the third dose of the 40 M. was given. This process was repeated, with longer periods of, and more rapid improvement, till after about eight months she was permanently cured.

GASTRALGIA.

Case.—Female, aged 35, dark, medium size, of a nervous temperament, had been to a picnic and partaken freely of both ice cream and lemonade. She was soon taken with violent -vomiting till the stomach was empty. When I reached her she was suffering with "intense burning and cutting pains in the stomach." She was constantly sipping water in spite of the fact that it caused vomiting every few minutes." She was sure she was going to die." Pulse was 120. Temperature 101. Restlessness was marked. Put 20 drops of Arsenicum 30th into ten teaspoonfuls of water and ordered a teaspoonful every three hours, for I had been taught that Arsenicum should not be repeated often. I was called up in little over an hour with the report: "The medicine seemed to help for a little over thirty minutes, but since that time the patient had been growing worse and was now almost as bad as when I called." The party wanted to know if she could not repeat the dose oftener. I ordered the second dose given at once and if the action was as before to repeat when improvement ceased. The effect of the second dose lasted 45 minutes, that of the third two hours. and the fourth was the only one needed.

ACUTE NEPHRITIS.

Case.—Female, active, dark, nervous, had been dismissed three days after an ordinary run of scarlet fever. I found the following: "Urine very scanty, burning of the parts after voiding only a few drops." Albuminuria marked. "So restlesss that the parents feared convulsions, marked thirst," and once after drinking, had vomited. Face flushed and puffed beneath the eyes. Bound a rubber bottle of as hot water as she could bear over the region of the kidney and gave two drops of Arsenicum 12th every half hour for four hours, and at longer intervals after that till the function of the kidneys was rertored. The recovery was rapid.

DIABETES.

Case.—Male, clothier, tall, spare, active, came to me because he "voided large quantities of urine which burned as it passed." Questioning elicited the fact that he was "very thirsty;" "that although he drank large quantities" (note not small) and "often" his mouth was extremely dry; that there were days when he "vomited both food and drink;" that his "skin was dry;""that restlessness was marked;" that "his sleep was poor," owing to the fact that he was obliged to get up often to evacuate the bladder. The amount of urine was nine pints. The specific gravity 1044. Regulated diet and Arsenicum 12th and 30th reduced the specific gravity to 1030 and the amount to five pints in nine months, with corresponding improvement in other respects. The 6th, 200th and 1000th were then tried but failed to make further impression. Cuprum ars, was then administered. The patient responded rapidly and was cured. The time being fourteen months.

TYPHOID FEVER.

Case.—Male, aged 32, strong, rugged, of good family history, business man in a firm of three, two of whom had just suffered from typhoid, one having died on the fifteenth day. For two days he had been "very restless and had suffered from a diarrhæa, stool dark, watery and excoriating." On the third day he was taken "with a chill, then heat and chilliness

intermingled." The next day there was "vomiting of food and drink," "marked thirst," "stools frequent, watery, offensive and excoriating." His pulse was 115, his temperature was 101; prostration was great. He was very fearful of the outcome. The tongue had a "light gray coating with a red streak down the centre;" his "sleep was restless and troubled." We began with Arsenicum 12th, five drops four times daily: on the 7th day the temperature was 104.4, the pulse 145; the tongue had changed to a black coating. This condition remained about the same for five days, then one by one they slowly but steadily improved. He sat up the 28th day and was dismissed on the 32d day. This patient was given large quantities of water all through the course, the average being about six pints daily. Milk in any form disagreed, so he was nourished with liquid beef, peptonoids beef, and mutton broths and soups of various kinds.

ASTHMA

Case.—Male, aged 27, book-keeper, dark, neurotic, bad family history, his mother died of tuberculosis when he was eight years of age, his father was a drunkard for years before the patient's birth. Three or four times each year he suffered as follows: "After taking cold (which he did very easily) there followed a dry, short cough, with burning and constriction of the throat; a feeling as if he would suffocate when he first lay down at night; on retiring, which he did about 9 P. M., he was obliged to use four or five pillows, which he would remove one by one, taking about an hour before he get to sleep. From 12-30 to 1 A. M. he would awake gasping for breath, spring up, get his chest between his knees, open his mouth, slightly protrude his tongue in his effort to breathe. During his worst paroxysms, after getting his breath once or twice in the above position, he would spring out of bed,

run to a window, throw it open and let the cool air over the face and chest. This would soon put an end to the paroxysms. The attacks lasted from 10 to 15 days.

I started with the 30th on which he improved for a time. (By improved I mean that the attacks were shorter and the paroxysms milder.) Some fifteen months after taking the first of the 30th he had a very severe attack for which I tried the Im and continued it one dose per week for three months, when another attack as severe as any he ever had came on. I then gave him the 200th, a graft of which I produced of Prof. Burdick, five drops every three hours. The attack lased only three days. I continued the 200th, increasing the interval between the doses till he took a dose only every two weeks. He had only two light attacks after using the 200th. There has been no return for four years and his nervous condition is very much improved.

ROSE FEVER.

Case.—Male, banker, tall, spare, subject to frequent attacks of coryza. His mother, whom he resembled, died of cancer when he was nine months old. He came, saying: "I've something different this time. I was restless and sleepless all night, night before last. I sneezed all day yesterday and the mucous membranes of the eyes, nose and throat burned like fire. About noon, yesterday, there appeared a thin watery discharge from the nostrils which makes my lips sore. I have no appetite and felt last night a good deal as I did when I came down with typhoid fever, five years ago." He was put upon Arsenicum 30th, at first every two hours, then every four hours. Dismissed in three days.

INTERMITTENT FEVER.

Case.—Male, attorney, aged 41, dark, tall, active. He

usually enjoys good health. About two weeks prior to this time had been out camping for two weeks. He gave the following group: "Awoke about I A. M. feeling chilly and restless. A few minutes later vomited. Between 3 and 6 A. M. had four dark, watery stools. At 8 A. M. had a decided chill accompained by marked thirst. About 9-30 heat came on mixed in with the chill, During the heat there was a feeling as if all the blood vessels were flowing with hot water." "My blood was boiling hot," was his expression. About I P. M. the symptoms began to abate. By 4 P. M. the heat and chilliness were gone, the thirst better but he felt very weak. By 6 P. M. he felt pretty well. Went to bed at 9-30 and slept well till I A. M. when he awoke with coldness of feet and legs. He put on more covering, went to sleep again and slept all night. During the following day and evening he felt as well as ever, retiring about 10 P. M. At 12-30 A. M. he was again awakened by the chilliness and restlessness. During the next eighteen hours symptoms like those of 43 hours before were repeated but more severe. It was 6 P. M. before the fever began to subside, when the temperature was 100.6. Gave Arsenicum 30th every two hours. He reported at 3 P. M. the next day that he was all right. Discontinued the remedy. At o. A. M. of the following day was re-called and found the same group of symptoms but not as severe. Resumed the Arsenicum 30th. The next attack consisted of a little chilliness and restlessness, 'The following only chilliness. There was no trouble after that except that there was weakness for about ten days.

I could give cases showing the group for septicæmia, sepsis, carbuncle, and all varieties of skin diseases from a simple dermatitis to epithelioma, but time will not permit.

My experience with Arsenicum suggests the following::

- I. That different groups and different patients require different potencies.
- 2. That improvement continues for varying intervals of time in the various groups.
- 3. That there is marked uniformity of sensations in all the groups-
- 4. That the modalities, though marked, are contradictory in different groups.
- 5. That it affects nearly every tissue and organ in the body.
- 6. That it produces results varying from a simple irritation (neuralgia) to complete destruction (fatty degeneration) of tissues and organs.
- 7. That in about half the cases the treatment must be long continued.

Southern Homeopathic Association.

-Medical Envoy

HEALTH FOR THE HOME.

By DR. ANDREW WILSON.

About Itching.

Itching is a symptom or sign of a goodly number of complaints, and not in itself a disease. It is most common, of course, in many skin troubles and the mere presence of such ailments is sufficient to account for the skin irritation. In such cases the treatment which cures the skin affection will naturally cause the itching to disappear. Other troubles of which itching is a symptom are of varied nature. For example, it is not uncommon in true diabetes, which is a disease characterised by excessive thirst, wasting of the body and the giving off of a large quantity of pale-coloured urine, which contains sugar. A serious ailment, this, and one demanding instant attention by the doctor. In ordinary nettlerash itching is

marked, this trouble being mostly due to errors in diet, to the taking of salt and acid foods, and to neglect of the bowel functions. Then we get people who suffer from rheumatism and gout, often complaining of itching and worms will specially cause this symptom in children, in whom the trouble is mostly located in the lower bowel. Finally itching may be caused by parasites, lice, with which even cleanly people may accidentally be infected and the discovery of these pests has sometimes cleared up otherwise mysterious cases of this source of annoyance.

A considerable number of person complain of itching, if I may take as a guide to this opinion the correspondence which we receive. The first thing to be impressed on the minds of readers is that the cause of the skin irritation should be made out. If there is skin disease, we will find pimples or rashes or eruptions, sufficient to show that the skin is affected, and the proper treatment will require to be adopted for the special kind of skin trouble which is present. Eczema, itch itself (caused by a mite in the skin), and other skin affections in which itching appears can hardly escape notice. With such sources of the symptom we are considering, it is impossible to-deal to-day. I wish rather to refer to cases that are not connected with skin troubles, but due to some state or condition of the body apart altogether from the skin which may be healthy enough in its way. Take nettlerash as an example. Here the skin breaks out into wheals, and gets reddened with severe itching as a marked symptom. The ailment does not last long but some people are subject to frequent attacks.

Now, the only wise plan to be followed here is for the sufferer to exercise his common intelligence and to proceed first of all to discover wherein his diet is faulty. For nettlerash is mostly caused by eating foods which are of unsuitable kind. Very often a special article of diet, quite suitable for ordinary people will set up nettlerash in those subjects to attack. Salmon, shell-fish and even strawberries are known to let up irritation in certain individuals. In ordinary cases the food will be found to be too rich, or too much salt and acid foods have been consumed. Therefore, the diet must

be plain; little meat should be taken, fruits and cereals are good, beet and stout are to be avoided, and the bowels must be attended A dose of Epsom salts or sulphate of soda should be taken to start the treatment. Warm baths with bicarbonate of soda dissolved in the water relieve the itching as also does sponging the body with tepid water in which a little Izal has been dissolved. Vinegar and water is also an excellent application, or hazeline and water. Itching is often complained of at the lower end of the bowel and this symptom is common both in children and in grown-up personschildren in a great many instances the trouble is due to threadworms and as often as not the presence of these parasites in the bowel gives rise to bed-wetting because of the irritation extending to the bladder. Mothers should make a note of this fact and ascertain if worms be present. If they are found they must be treated by the methods often described in "Lloyd's News"-that is by cleanliness giving injections of infusion of quassia, or of salt and water, and by administering chemical food or syrup of the phosphates after meals. and a little grey powder occasionally, at night,

Itching of the bowel in grown-up people may be due to the presence of piles, which, natrually, must be treated by appropriate remedies. But there is a class of cases which often presents difficulties in the way of cure, owing to the real nature of the trouble not being appreciated. Itching of this kind is often of unbearable nature, and most frequently comes on in bed when the body gets warm. In the majority of cases this trouble is due to gout or rheumatism, which may be of very mild character; perhaps I might more correctly say it was due to a gouty or rheumatic habit of body. Often bowel itching is found in healthy, well-nourished people, who have overeated themselves. Let the diet be of plain character. Stop ment for a time from the diet and take fish and other light foods. No beer or wines are to be taken, and the bowels are to be duly regulated.

Twice a day, for a week at a time plain water should be taken at meals, or between them, a tabloid of citrate of lithia being dissolved in the water. A little weak carbonic ointment will ease the itchNOTE. QE

ing or a little yellow oxide of mercury ointment may be tried. Ichthol ointment is also excellent, and the parts should be washed at night with warm water and Wright's coal-tar soap. Some cases of itching of this kind, it may lastly be said, are due to sheer neglect of cleanliness and to the irritation set up by rough under clothing.

-Bengalee,

The remarks in the above article are very good, but we are afraid we cannot endorse all the treatment advised herein—Ed., I. H. R.

Note.

The Health Officer has written a long report on the out-break of Beri-Beri or epidemic dropsy, in the course of which he says: "At the outset of an enquiry into the disease we are confronted with the difficulty as to whether it is an outbreak of Beri-Beri or whether it is a distinct entity and should be differentiated under the separate title or epidemic dropsy. Whichever name be given to the disease it has to be admitted that little or nothing is known as to its causation or the means by which it is spread. My own opinion is that it is an acute specific infectious disease. The outbreak of this year. whatever it be called, though similar to that of 1907 has been much more extensive and much more fatal than any previously recorded. The symptoms of the disease are well-known and have been carefully recorded but the causation and the methods of its spread are at present a mystery. With regard to the causation of this disease we have two theories to consider, namely. (1) That it is a food disease caused by the ingestion either of some adulterant or of some poison which has developed in the food. (2) That it is an acute specific disease spread by infection directly from one human being to another. The arguments against the food theory are very strong. As regards the theory of infection my own observations indicate that there is an incubation or latent period from the time of infection to the onset of the first symptoms of about three days. Until more is known of

the nature of the disease and the means by which it is spread it is impossible to lay down measures for its control. I fully realize the seriousness of the outbreak and regret that after further extended enquiries I see no reason to modify my opinion. The situation may seem a gloomy one but when all are equally helpless and human knowledge is wanting to battle with the disease, the Health Department may be excused from taking unwarranted and unreasonable action in the face of panic. Blame would be more deserved for carrying out vexatious and expensive measures for which there was no justification."

-Indian Nation.

TOOTHACHE.

Odontalgia or toothache is a very painful and troublesome and distressing disease. Its causes are various. It may be due to the decay of the teeth and exposure of the nerve; also due to exposure to cold. Often it is purely of nervous origin.

Its treatment with homeopathic remedies is marvellous. For the convenience of our readers we describe here the principal remedies with their symptomatic indications.

Aconite:—It heads the list because toothache is very frequently due to recent exposure to cold, for which aconite is the leading remedy. The patient is afflicted with indiscribable pain and suffering.

There is restlessness and tossing about, throbbing pain, determination of blood to the head. Then Aconite fails. Chamom or Coffea may be given.

Arnica:-Toothache from hurt or blows. After the

extraction of a tooth it arrests hæmorrhage and heals the wound. Throbbing toothache with swelling of the gums.

Coffea:—It is in cases of purely nervous toothache that Coffea is indicated. The patient is frantic with pain, crying and trembling. The pain is relieved by holding cold water in the mouth, stinging, jerking, intermittent pain, aching when chewing.

Chamomilla:—It is more frequently indicated in children and nervous patients who drink good deal of Coffea; in female before and during menses. Pain in hollow of teeth, after taking cold when in perspiration; when the patients are very irritable, cry much. The pain is unbearable, in hollow and decayed tooth, aggravated at night and after food or drink or, drinking anything warm, much worse after drinking cold water and coffee. Relieved only by dipping a finger in cold water and applying it to the tooth.

Cheek and gums are swollen and glands are also swollen.

Nux vom is also a good remedy for toothache. It is suitable for those who had a sedentary life, often irritable, addicted to coffee and alcohol and often subject to cold. Jerking, shooting pain, tooth seems loose, is hollow.

Nuxmosch is useful in toothache of children and pregnant females. Hysterical and nervous patients. From cold and living in damp places. Warm water or warm application soothes the pain at once.

Antim crud is very useful in pains in hollow teeth, of jerking, tearing character. Pain increased in the evening, from cold water and after eating; better in open air.

I knew of a gentleman who was frantic with pain after eating, anything cold touching the tooth sharply penetrated into the brain and he was in an agonising condition. One dose of Antim crud put him to sleep and he was cured of his toothache for ever.

Pulsat may be thought of in cases of females and children of a mild and tearful disposition. Stinging pains in decayed tooth. Tearing and jerking aggravated by cold water and heat of bed, warm room and anything warm in the mouth. Better by open air, cold water.

Mercurius is a very useful remedy in pain in decayed tooth and swelling of the gums. Drawing, tearing pain extends to the ear. Pain is aggravated at night and from heat of the bed, after eating and drinking any thing cold and from damp air. Painful swelling of gums and cheek.

We treated many cases of toothache very successfully with Merc sol or viv, both high and low potencies.

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ean neither bear cold or warm drinks. All kinds of pain, pricking, jerking, griawing, throbbing. Gums swollen and ulcerated. It is useful in young people and pregnant females.

Magnesia phos.—Pain worse at night; drives the patient out of bed. Aggravated by cold and better by hot application and warm water in the mouth.

Natrum sulph—Toothache better by holding cold water in the mouth. It is worse by hot water or any other hot drink in the mouth.

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[No. 4.

MALARIA.

Malaria has caused such a havoc in this country that it is almost superfluous writing about the nature of the malady. In fact it has depopulated large tracts of the country in different districts. People suffer from it generally during and after the rains. It has no particular affinity for age or sex. Children suffer from it as often as do older people. Males and females suffer alike from the malady.

Etiology:—It has not yet been definitely settled how the disease spreads and what are its principal etiological factors. Of late a great deal has been said about the mosquito theory of the disease, it being asserted by scientists that the anophales are the real carriers and propagators of the disease. But then again it has been observed that malaria prevails in places where there are no mosquitoes, while in countries where musquito abounds there is no malaria. The bacterial theory of the disease is still open to question. To us it seems that the decomposition of vegetable matter and the bad air emanating therefrom are the real causal factors of

the disease, for it is always observed to rage in great virulence right after the rains when this state of things prevail.

Pathology—Frequent attacks of fever gradually make the patient anæmic, while the spleen gradually becomes engorged and enlarged after repeated attacks. Quinine also helps the enlargement of the spleen as it frequently does not allow the fever to exhibit its external manifestations. The liver is also frequently enlarged. The heart's action gradually becomes quickened. The lungs generally do not show much mischief. The bowels are at first constipated or regular but later in the disease diarrhæa sets in. In the later stages anasarca and ædema also result.

Symptoms—Generally there are three stages of the fever (1) Chill, (2) Heat, (3) Sweat. Sometimes however they are intermingled or one or two of the stages may be wanting. The fever is generally of the intermittent type and after the sweat the patient is free of fever till the next paroxysm. It may be of the tertian, quotedian or quartan variety. As we have said before, if a patient suffers for a long time, he becomes bloodless and is uneasy all the time. This state is known as malarial cachexia. Jaundice is also observed at times. The prognosis is generally favorable if proper treatment is resorted to from the beginning. A change of climate and air has very beneficial effect.

Treatment—It is very difficult to treat malaria patients. We should be very careful in the selection of the remedial agents. Unless all the symptoms are carefully observed and noted down, very frequently failure is the result and many a physician resort to large doses of quinine in disgust and despair. But we should always remember we are homeopaths and act accordingly. We are extremely sorry to find that many physicians resort to quinine, morphia and the like remedies in the hope of dazzling their patients and

thus gain a dishonest reputation. We hear lately a lay practitioner of this city has been hauled up in the courts for having administered morphia in this way.

Homeopathic treatment is very efficacious in the treatment of malaria, if we only know how to do it. We would do well to remember the late Dr. H. C. Allen's saying, the more difficult the case, the closer should be our search for the similimum.

China, Nux Vomica, Natrum, Muir, Eupatorium Perf., Arsenic, Ipecac, Gelsemium, Cedron, Apis &c. are some of the remedies useful in intermittent fever.

We have a desire to elaborate on the therapeutics of this malady, in a later issue of the journal.

Allen's Therapeutics of Fever is a book that should be in the hands of every physician practising in malarial countries.

J. N. M.

ACUTE MALARIAL FEVER CASES CURED WITH SINGLE DOSE OF A HIGH POTENCY.

P. C. MAJUMDAR, M. D.

I.

Babu—Chatterjea, an elderly gentleman, resident of Calcutta but owns a house in a most malarious village in Hugly District, came under my treatment for fever of a remittent type. He went to his native village for business and contracted the fever. Fever with a very high temperature ranging between 103 and 105 F. There was morning remission of some degrees.

I tried Gelsim, Belladon, Ferrum Phos and Antim crud' according to indications from time to time. After a week's time fever became intermittent. From morning till about

2 P. M. the temperature was normal, after that fever began to rise. I tried Azadirecta, Pulsat, &c. according to seeming indications but without much benefit. Fever used to come regularly every day. The patient became bloodless and very weak Sallow complexion, no appetite, distaste for food, bowels loose, one morning thin stools of large quantity. Very dejected and sometimes irritable (he is of a mild disposition naturally). Nux vom low and high without effect.

I studied the case carefully and found chilliness in the evening, then heat with cold feet; heat in the night, flashes of heat, burning hands and feet, great thirst followed by slight perspiration. Palpitation and a few delirious talks at night.

I gave him a dose of Sulphur C. M. and no more paroxysm of fever. He gained strength in a few days.

H.

A young physician came from Howrah to cousult me for one of his cases of recent intermittent fever. He was of opinion that these cases were not curable by homeopathic medicines but only with big doses of quinine. He wanted to administer that medicine but the patient resolutely refused the offer and teased him to come to me.

Fever with chilliness generally from 11 to 12 noon every day; hands and feet were cold, external heat aggravated chilliness. Heat was very marked and prolonged, constant nausea commencing at chill and remained during the whole paroxysm. There was slight thirst during fever, water tasting bad. Perspiration not very copious. Intermission perfect.

There was no appetite, bowels constipated, had a good deal of weakness and slight cough with frothy expectoration during heat. Breathing hurried on slightest movement. The morning temperature was 98 F., but the afternoon

temperature was 102 F. Intermission was gradual and steady. Tongue coated white.

Nux vom 30 and 200 were tried without much benefit.

A single dose of Ipecac 200 cured the case. There was slight rise of temperature the next day at noon and a dose of placebo was given. Next day there was no paroxysm and the patient got well.

III.

A friend of mine brought his son, aged about six years, suffering from intermittent fever for upwards of two months. Big doses of quinine have been administered with the result of enlargement of spleen and perfect anemia.

Fever generally came in the morning about 6 A. M. with slight chill; thirst for cold water. Body painful. Spleen was very tender to touch, flashes of heat and copious sweat.

The eyes were jaundiced, constipation obstinate, hard and difficult stools. Face, in fact the whole body was bloodless as if smeared with wax. About noon fever subsided and the boy was very much better, except the pain in the body which kept him awake at night.

Was very restless on account of pain, no appetite or taste for food.

I told the father, who was very anxious for the recovery of the son, to be patient as it will take time for his recovery. Liver was also painful. Temperature was not very high. From normal it rose up to 101 F.

Thinking he had taken too much medicine I gave him a dose of Nux Vom 30 which had some effect. Next day fever came on late and no chill. Though there was slight improvement, fever came on as usual every morning notwithstanding repeating Nux vom.

A dose of Arnica c.m at night and no more paroxysm.

Many even among the homeopathic physicians entertain an idea that recent cases of malarious intermittent fevers are seldom cured by potentized homeopathic medicines without the help of quinine in big doses. They are certainly in error, as indicated remedies in high potencies are sure to cure intermittent fever without fail. Sometimes and it may be in the beginning we are puzzled to find out the true indications of the remedy, but when the case is carefully taken and all symptoms during the paroxysm and intermission. with the constitutional symptoms, are taken down and high potencies in single doses administered in time, sure cure is the effect. Don't do anything in a hurry; patiently study the case and apply appropriate remedy in proper potencies. I also find that treatment of intermittent fever requires a good deal of experience. If the similimum is found out high potency and single dose cure promptly and more speedily than big doses of quinine for purposes of suppression. Special symptoms—characteristic of the case must be worked out. When the case is maltreated with big and repeated doses of allopathic medicines, try to find out the symptoms in the beginning of the attack of fever. Constitutional symptoms are often very important.

Dr. H. C. Allen told me that these cases of repeated malarious fevers are psoric in nature, so anti-psorics are very valuable and necessary-

PUBLIC LECTURE ON "ARSENIC."

BY DR. WHEELER

On Wednesday evening, December 8, Dr. Wheeler delivered, at Chalmers House, 43, Russell Square, one of the monthly popular lectures that are being given this winter under

the auspices of the British Homeopathic Association. Dr. Wheeler had an appreciative audience which filled one of the Association's rooms at 43, Russell Square. The subject, "Arsenic," was treated in a manner suitable for a lay assembly. He discoursed on the history of the drug and its employment as a secret poison by the Borgias, Pope Alexander VI., Catherine de Medici, and Lucrezia Borgia; how the poison was supposed to be conveyed in poisoned gloves, rings, keys, apples, flowers, torches, and the use that had been made of these facts in romantic literature. He mentioned also the Aqua Tofana, which was a mixture of arsenic and cantharides, and probably destroyed the victims to whom it was administered by disorganizing the kidneys.

Tracing the history of arsenic down through the centuries he came to the important date, 1786, when a book was published on arsenic by Samuel Hahnemann, recording all that was known of it, his facts being culled from 389 different authors, and containing recommendations for recording and regulating the sale of the poison which are similar to those in use at the present day. This book was written before Hahnemann had discovered the homeopathic law, as it was not till 1790 that his researches led him to formulate the idea in his mind, and not till 1810, twenty years later, that he felt justified in considering it sufficiently tested to set it forth authoritatively in the Organon The discovery of the homeopathic law at once converted arsenic from being known only as a dangerous poison into one of the most valuable of remedies. A signal proof of this was afforded during the outbreak of cholera in this country in 1850, when the great similarity of the symptoms of cholera to those of poisoning by arsenic led homeopaths to employ that drug largely in the treatment of cholera patients. The report of the medical officers employed by the Government to tabulate the results of the treatment of cholera patients at the Metropolitan hospitals disclosed a mortality of 51 per cent. in the general hospitals, but

only of 16 to 17 per cent. in the Homeopathic Hospital. This good result was a great help in obtaining security for the practice of our belief in the subsequent Medical Act; a clause was inserted disenabling the Medical Council to strike off the Register any qualified practitioner merely on the grounds of his professing and practising in accordance with any particular medical theory or belief.

A crude kind of homeopathy has long been practised by the arsenic-eaters of Styria, who, beginning with minute doses, gradually increase the amount till they can bear with immunity considerable quantities. They take it to enable them to climb hills better without losing breath. Arsenic is known in poisonous doses to have the power of causing degeneration of the heart-fibres, so that the Styrian arsenic-eaters are using the drug in a homeopathic manner. also are those who give arsenic to horses to improve their coats, as arsenic has a very great influence on the skin, and causes falling out of the hair. To show that a drug which has a depressing effect in large doses, has a stimulant effect in a smaller one, Dr Wheeler quoted the results of some experiments he had made on the action of arsenic on protoplasmic life in its simplest form. He had exposed yeast to the influence of various strengths of solution of arsenic and found that a solution of one in a thousand killed the yeast-cells, a solution of one in ten thousand allowed them to grow, but more feebly than natural, while a solution of one in one hundred thousand stimulated their growth.

Dr. Wheeler concluded an interesting lecture by an eloquent peroration expressing the hope that as Hahnemann's great discovery of the law of similars had changed our ideas about arsenic, from its being viewed only as a deadly poison to its being valued as one of our most potent agencies for the cure of disease and the restoration of the sick to health, that so also the two main hindrances to the acceptance of Hahnemann's doctrine -prejudice and pride—might be changed to steadfast adherence to established truths and a proud humility in learning new ones.

Materia Medica Notes.

Oxalic acid:—In heart disease, angina pectoris with sharp darting pain in heart and left lung, extending to epigastrium.

Pain commencing in pericardial region extending up to sternum and darting out across chest, particularly towards left side.

It is useful in colic with following symptoms:—Cutting in abdomen, rumbling evening and night with tenesmus. Colic about navel, as if mixed with stitches and difficult emission of flatus, aggravated in morning, evening and night; ameliorates when at rest.

We have cured a very bad case of dyspeptic colic in an elderly man with much rumbling of wind and aggravation in the evening. Colic is caused by taking too much sugar. Enteritis or Chronic Inflammation of bowels (Hering).

Nitric acid:—Emaciation gradual, great thinness, especially upper arm and thigh. Takes cold easily. Chilly patient. Hæmorrhages bright red, profuse; from bowels in typhoid fever, after miscarriage or post-partum, from over-exertion of body, uterine, epistaxis, hæmoptysis.

Caries of bone, sloughing phagedena, gangrene.

Bony tumor following mercury and syphilis, syphiletic bone pains.

Inflammatory swelling, enlargement and suppuration of inguinal or axillary glands.

Discharges thin, offensive and excoriating. Tedious suppuration.

Easily bleeding ulcers, looking like raw flesh.

Diseases depending upon mercurial syphilitic poison or broken constitution.

All those are very characteristic of Nitric acid. When well selected it cures promptly and permanently.

Phytolacca: -Loss of fat, so useful in obesity.

Uuceration of mucous membrane in any part of body.

Feels all over from head to foot, especially muscular soreness, swelling and redness with rheumatism. Pains shifting rapidly, swelling pale, puffy, anemic.

Rheumatism of back and hip joint, aggravated by movement at night.

Rheumatic affections and syphilitic gonorrhial or mercurial rheumatism. Sore throat with severe pain by motion. Bones inflamed, swollen, nightly pains. Tumors glandular and bony.

Carcinoma of mammæ shooting, pain lancinating.

It hastens suppuration.

Pus watery, sanious, fetid and ichorous. We have now been treating a case of mamary cancer for some time with phytolacca with marked benefit. Rheumatic cases are often benefited when Bryonia and others fail.

Plumbum met.—Anemia, and chlorosis orthopnia, obstinate constipation, cedema of feet and anasarca, unusual muscular debility, scanty and suppressed catamenia.

This picture of cases is not rare. We have to treat a great many cases of this nature, and often plumbum is neglected. Among European ladies we find this state prevailing.

Extreme emaciation with anamia, red corpuscles are largely diminished. Great muscular weakness.

Arthralgia. Wandering pain through body. Dropsical swelling, anasarca.

Prunus spinosa—Ciliary neuralgia. Dropsy caused by defective heart, abdominal dropsy, anasarca after debilitating chronic diseases.

We have used in cardiac dropsy with pain and soreness in abdomen and region of heart.

Polyporus officinalis has been recommended for bilious remittent and obstinate intermittent fevers of malarious origin. We have tried it sufficiently in our younger days with very little amount of success.

It is said to be useful in sick headache. Dull frontal pain coming on in regular hours every day.

It is recommended in facial neuralgia with torpid liver, burning pain lasts till midnight and passes off gradually.

CALENDULA AS A SURGICAL DRESSING.

S. T. VON MARTINETZ, M.D., A. M. CEDAR RAPIDS, IOWA.

I desire to add my testimony to the action of Calendula in the treatment of severe lacerated wounds. At one time, when in a distant city, I was called to see a young man, who had had a very severe injury to the elbow joint being caught in a thrashing machine. All the usual antiseptics had been tried by the physicians in attendance. Suppuration had set in, in spite of the treatment, and the pair was extreme. The attending physicians demanded an immediate amputation. The father insisted on my seeing what could be done, by conservative methods.

I made a lotion of Calendula, and instructed that it be kept applied, by means of wet dressing, for from twelve to eighteen hours. If there was no benefit at that time, the attending physicians were to proceed with their amputation. But to the delight of all concerned the benefit was so pronounced, when the dressings were removed the next day, that they desired to continue the treatment. I prepared then a quantity of the lotion, and advised them as to its continued use.

I left the town on that day, but I learned subsequently that the cure was a very satisfactory one, with the exception that the joint was stiff from adhesions. Later, he fell on the stiff arm, breaking

up the adhesions by accident, and at the suggestion of his physician he kept up motion in the arm, until almost the entire normal action was restored.

At another time I was consulted for a young lady who had been thrown from a cart in a runaway, and had been dragged a long distance, on the shoulder and arm. The shoulder had the skin and deeper tissues torn away so the joint was bare and there was laceration on the side of the body, beneath the axilla, leaving the axillary artery bare and in plain view.

This wound was thoroughly cleansed, and was kept dressed with Calendula for a number of weeks, and notwithstanding its extreme severity, the restoration of the torn and lacerated parts was very satisfactory. It was especially noticeable that the skin which formed over the denuded surface to the extent of at least twelve square inches, was very natural, and there was but little scar tissue and no deformity.

My last case is that of a young man whose hand was lacerated in a leather cutting machine. The skin was torn from each finger, from the tips to the palm so that the hands resembled that of a skeleton. I washed the fingers with the Calendula solution and made a persistent application of this dressing. The hand was redressed daily, healing took place slowly, but all the fingers were movable to a degree, the scars interfering with the movement only to a limited extent. He is now an attorney and makes no complaint about the hand, which would probably have been amputated, but for the treatment.

I generally use this remedy in the proportion of one ounce of the tincture to a pint of water, but I prefer the single remedy in surgical cases to any mixtures, though I often give internal treatment as a tonic or restorative.

I use this remedy also in burns, but in these cases I combine it with a small proportion of Arnica, and with powdered alum. In the treatment of simple forms of sore eyes, I use Calendula in very weak solution, and the results are the very best.—Ellingwood's Therapeutist

HINTS.

Neuralgic pain in the rectum, which is often agonizing, has been cured by Ignatia, according to Dr. Harvey Farrington.

Many experienced physicians, among them the late Richard Hughes, say that Calcarea carb 30 will surely relieve very many cases of excruciating pain from the passing of gall stones. Those subject to this ill ought to keep a vial at hand. All who have had experience say that the 30th potency should he used.

Hot olive oil, some one asserts, applied will take away the *black* from a "black eye," and presumably from other "black and blue" spots.

Dr. Edward Curtis experienced the following Conium symptoms: "Could not walk across the room with his eyes open, without giddiness, reeling and feeling as if he would vomit; but directly he closed his eyes all the symptoms passed off, and he could move safely." This was from a proving of Conium.

Magnesia phos. 6x has cured many distressing cases of hiccough, some of them almost in extremis.

Senecio aur. in five drop doses of the mother tincture is reported to have relieved many cases of pelvic dragging, painful sensations, prolapse, atony, etc., in women.

Pain in the hip joint, even causing, limping, has been relieved by Apis.

If one can date his illness from exposure to severe cold—dry cold—let him take Aconite, no matter what form the disease has assumed.

Anoint the raw, chaps and cracks on the hands caused by cold weather with calendulated glycerine, and heal them.

Arnica oil is very useful in cases of bed sores, Apply it direct to the sore.

Dr. George Royal, Des Moines, Ia., finds Stramonium a remedy for suppression of the urine in the course of eruptive diseases.

- Homeopathic Envoy.

HEALTH FOR THE HOME.

By Dr. Andrew Wilson.

ASTHMA.

A common enough complaint, asthma, nevertheless presents many points which render its true nature a matter of some doubt. In its manifestations in different people it shows curious variations. and in the same way, it exhibits many puzzling phases in the matter of its cure; for, as we shall see, what relieves one person may, and often does, fail to relieve his neighbour sufferer. To begin with, there is often to be traced in asthma the influence of heredity. It seems liable to "run in families," as the saying goes, though it may develop quite independently of parentage, for perfectly healthy parents, in whom no trace of asthma exists, may beget an asthmatic It is often the case, however, that a history of asthma is found in the family chronicles of sufferers, just as in gout a liability to develop the ailment is represented. Asthma is often said to be complicated with bronchitis, and, no doubt, the two ailments may co exist, but there is no necessary connection between the two disorders, and many asthmatics are perfectly well between their attacks. If bronchitis exists, also, the case naturally becomes of graver character than when one ailment only is present.

The essential feature of asthma in a spasm of the bronchial tubes. These are the divisions of the windpipe which carry air to and from all parts of the lungs. They are provided with a muscular layer, which can narrow them on occasion, and when this layer is brought into undue action, from one cause or another, the tubes tend to contract themselves and so render breathing difficult for a time. This is what we term a "spasm" of asthma, and this is why asthma is often called a "spamsodic" ailment. It is of importance to know what brings on the spasm, and it is precisely here that our difficulties begin. Probably no single cause will be found sufficient to explain the attack, and it may well be that what causes the spasm in one person varies from that which brings it on

n another. There seems in fact, to be a good deal of individual peculiarity of constitution represented in asthma, and each case has, therefore, to be judged on its merits. In some cases, atmospheric conditions seem to favour the onset of the complaint. Damp, chill air will affect some; others are quite well even during fogs, and I know of two people at least who used to like journeying by the Underground Railway in London in the days when engines were used, and when the tunnels were full of disagreeable, sulphur-laden smoke which was repugnant to healthy people. The climate which suits one case will be irritating to another. Therefore, a first piece of advice to the asthmatic is that of advising him to dicsover what kind of climate suits him, and to endeavour to live in a locality where he can enjoy such surroundings.

That the nervous system is implicated in asthmatic attacks is evident, because it is some nervous order or other that regulates the action of the bronchial tubes; but here, again, we seem to get various and different conditions among sufferers. A "run down" state of the system favours attacks, and it is very certain that late suppers will cause seizures at night, while overloading of the stomach at any time, will provoke the onset of the complaint. It is notable that occasionally skin troubles and asthma are associated, and physicians tell us that this connection is due to 'some upset of the blood, which occurring in the skin trouble, reacts on the lungs. In fact, one may again say that the hope of getting relief or cure must largely depend on the patient getting to know what circumstances of life, and what things in the way of cating, drinking and the like he may and may not live in and indulge in. For example, some asthmatics can smoke in moderation; to others, tobacco is an irritant. Clearly no fixed rules can be laid down by way of advice in such a curious ailment that is beyond general rules, regarding the preservation of a high standard of the health.

People of all ages may exhibit asthmatic attacks, and both sexes may be affected though, on the whole, men suffer more frequently than women. The difficulty of breathing is the main symptom. The breathing in act is short, but that of breathing ont is prolonged. I'he chest

whe ezes, and there is anxiety and a certain amount of fear during the attack, especially in young people. No expectoration is present, but usually, at the end of an attack a frothy substance is 'brought up. The aim of treatment is to hasten this event. I have said that asthmatics enjoy fair health between their seizures, but it is well that if any suspicion exists about the state of the heart, the doctor's attention should be specially directed to this point

The treatment should include supervision of all the habits, eating, drinking, smoking, exercise, and the like. I have already said the patient must get to know the weather and climate which best suit An attack may be relieved in some cases by a cup of hot him. black coffee; in others, by whisky and hot water. Asthma powders are commonly used. A little is burnt on a plate and the vapour inhaled. Cubeb cigarettes to be obtained from the chemist are useful because they can be carried inhaled in the pocket. The smoke must be inhaled of course. White blotting paper may be soaked in a solution of nitrate of potash (one drachm to an ounce of water), and dried. Cut the paper into strips three inches long and one inch broad, light it, and inhale the vapour. One to three or four pieces of paper may be used at a time. Drugs are not of much service here, but a teaspoonful of a strong solution of Iodide of sodium, taken in water three or four times a day for a time has been recommended. In respect of inhalations, it is well to change them frequently, as they are not to lose effects by prolonged use.

GUAIACUM.*

By P. A. KRICHBAUM, M. D.

This is one of Hahnemann's antipsoric remedies, affecting every tissue of the body. Guaiacum is a neglected remedy. In my opinion there have been many cases brought

^{*} Reprinted from Medical Advance

back to health slowly and indirectly by such remedies as Nux vom., Rhus., Merc. and Psor., when Guaiacum would have directly cleared up the whole train of symptoms.

It is pre-eminently a remedy for gout and rheumatism, if the symptoms agree. A typical Guaiacum patient, if there be such a thing, is one of dark complexion, tall, angular, large frame, with a not over active mind or body. Stupid at school; never learned very rapidly nor entered heartily or enthusiastically into play. They are usually termed lazy. Can be only temporarily enthused over anything. Would rather sit and dream dreams by the hour. Growing pains are complained of in childhood. Unless this growing Guaiacum child is properly looked after in youth, puberty may bring Consumption, Gout or Rheumatism.

I have dwelt, to some extent, upon the Guaiacum youth that we may be able to foresee and provide for the after picture, when the joints become involved. As was the boy so is the man. He sits yawning and stretching for hours. Is so exhausted that he dreads to move. Dissatisfied, impatient and fault-finding with everyone. His whole body feels drawn up and contracted. His sleep does not refresh him, and it takes most of the forenoon to pull himself together. Feels better in the afternoon, when he is liable to have some fever.

Weakness runs all through this remedy. His thighs are too weak to support his body. He becomes too tired to sleep or sleeps only in a restless way with disturbing dreams.

There are actual contractions in all affected muscles, whether of eyes, legs, uterus or bladder. These contractions prevent motion. Incipient and localised Tuberculosis in patients that are always chilly, even by a warm fire. They sweat about the head, have dilated pupils, and lassitude.

Dry cough with loss of breath. The cough comes from

tickling in the pit of the stomach. In advanced tubercular cases, the patient coughs and hawks up copiously a fetid pus. Excretions are all intolerably offensive, from the bowels, nose, ear and bladder and uterus.

Stitches in the region of the second, third and fourth ribs, more often the left side, and when there is aggravated by inspiration. The difficulty is more from contraction than from inflammation. There may be no fever: Pleurisy, when Aconite and Bryonia fail to relieve the stitching pains.

Abscesses in any part of the body, bones or muscles: in Rheumatism or Tuberculosis. Quinsy in tubercular, rheumatic or mercurialised patients, the tonsils are swollen, red, burning and very sensitive to touch, aggravated by heat. Burning is the most pronounced symptom. When curative in Quinsy, Guaiacum produces a sweat, as the first indication of relief. It will abort more cases of Quinsy than any other known remedy. Why? Because Quinsy is apt to attack persons who have a tubercular or psoric tendency.

Ozanam says, it combines the properties of Bell, Apis and Baryta Carb. It has the erythematous or inflammatory angina, with the bright redness of Bell, the ædema of Apis and the phlegmon with tendency to suppuration of tonsils of Baryta carb. and Apis.

All the affected parts of Guaiacum are sensitive to touch and aggravated by heat, whether the pain be in bone, muscle, or fibrous tissue, but general heat is soothing.

Sticking pains in the tonsils, sticking pains in the head, ears, bladder, urethra, chest, everywhere. These sticking pains come in the teeth, when biting. The teeth appear too long. The whole mouth is red, sore, burning and sticking, the pain takes away all desire for food. The tongue is so thickly furred white or brown, as to interfere with taste.

Neuralgia on the left side of the face, which comes on in

the early twilight and lasts all night. With this there is drawing in the muscles, sticking pains, the mouth is dry.

Glaucoma where the eye is tense, and the upper lid contracted (Causticum has ptosis.) In cases of laryngeal inflammation in which there is dyspnæa with violent beating of the heart. The patient awakens short of breath, palpitation that shakes the whole body, sudden dry cough, frequent and repeated until a little mucus comes.

Constriction or actual contraction with burning, runs through every affected organ and tissue. The stomach feels as if there was a band around it which interferes with breathing. The abdomen feels contracted or drawn, with pinching pains, relieved by passing flatus. The bladder is constricted, causing frequent urination, with continuous desire to urinate, even just after evacuation. The urine is horribly offensive. In fact so are all the secretions, whether from the tonsils, lungs, bladder, uterus, bowels or from abscesses. Do not give *Psorinum* because of this offensiveness of the discharges and the added fact that the patient may be chilly: take the patient as a whole.

Guaiacum promotes suppuration of abscesses in soft or hard tissue, with offensive discharge: do not forget the sensitiveness, and aggravation from local heat. The remedy affects the joints producing rheumatic and arthritic pains. It acts upon the fibrous tissue causing pain from the least motion. This aggravation is from actual contractions. The joints are painful and intolerant of pressure, can bear no heat. The chest pains may involve the articulations, in fact the pain is frequently located in the articulations of the ribs.

Suppuration of bone in tubercular or syphilitic patients where there is the sensitiveness and the aggravation from heat. Caries of bone. Guaiacum promotes the spontaneous breaking up of gouty abscesses.

I have by no means exhausted it, or given all the symptoms of this noble remedy, but if anyone is hereby inspired to study Guaiacum in its entirety, I will feel that my paper has not been in vain.

Briefly summing up, I would say, do not forget the contractions, the offensive discharges, the sensitiveness to touch, the aggravation from local heat with the desire for heat in general, the temperament, the rheumatic, gouty and tubercular patients, the slowness of comprehension, and dread of motion, the fault-finding and dreamy nature with desire for sleep, and you will have a picture that will point you to the administration of Guaiacum.

- The Homeopathic World.

THE PHYSICIAN'S FEE.

It is certainly safe to say that the question of the physician's fee is one that will arouse the attention of almost every reader of the Gazette. In one way or another there are very few in the medical profession who can afford to entirely disregard it, however altruistic and self-sacrificing they may be. Years ago, and that not many, any person possessing suitable medical attainments and with an average amount of ability, could be assured of a comfortable competence and a position of unquestioned importance for as many years as the ability to work continued. Then the physician was looked up to with respect, esteem, and confidence. He occupied a position in the community shared by the clergyman and the lawyer, as members of the learned professions. In the passage of years younger men have appeared in large numbers to share with him the field in which he once held undisputed sway. And while the feelings of altruism may still sway

both the older man and the newcomers equally, nevertheless, competition has become more keen and the size of the practice more restricted. Living expenses have increased twentyfive, fifty, seventy-five per cent., but on account of the active rivalry of all the physicians, fees have not increased in proportion. In fact, in most localities it is probably true that the customary fees are practically the same as those of fifteen or twenty years ago. The result is that not only is the field of operations limited, thus reducing the income or at best making it almost impossible to increase it, but at the same time the purchasing power of this amount, whatever it may be, is decreased by fully one-half. The medical profession, as a whole, is coming to a position now most unfortunately held by the clergy, in which its members perform heroic labors for the merest pittance. It is estimated that the average income of American physicians is somewhere in the neighbourhood of twelve hundred dollars. This will compare in amount with that of the carpenter, the mason, or any of several of the forms of day labor. And even here no account is taken of the expenses of an office, with its many accessories that still further consume the physician's already limited income. Is it any wonder, under such circumstances, that many fall into habits that are not strictly ethical, or swerve slightly to one side of the well beaten path? Is it not a wonder instead. that so few do depart from it?

While this is the condition of the medical profession as a whole, a pertinent question is whether is it equally shared by the homeopathic division. And to such a question we believe a negative answer can truly be given. The profession of medicine today is over-crowded; the homeopathic profession has too few to fill the positions where its exponents are desired. The medical profession has one great aim: the decrease in number of medical students; the aim of the homeopathic

profession is to find sufficient to satisfy the demands for those of this school of practice.

It has been the fortune of the writer of this editorial to be connected for some years with an institution to which came these calls for help, and he can conscientiously affirm that the one great difficulty has been to obtain the persons for the positions, not the positions for the persons. He honestly believes that, aside from all sectarian ideas, there is a far better chance for success in practice at the present day for the young homeopath than for any other. He would therefore strongly urge the prospective student to enter some good homeopathic school in which the want of new recruits is great, rather than into one where there is already a great surplus.

In looking over our sectarian side of the profession we cannot believe that our men are as hard pressed financially as seems to be the case with others. It is an exception in the experience of the writer to find any one, otherwise well qualified in medicine, unable to earn a suitable competence, and to hold with comparative ease his proper position in the social life of his community. Yet if we can be grateful for our present betterment over others and are enabled to offer to the prospective physician superior attractions, let us nevertheless bear in mind that a constantly shrinking income is ours also, even if less noticeably so than in the case of others.

The medical profession must come to a more common and uniform idea in the question of fees. By combination this can probably never be effected lest it be accused of introducing methods of the "trades unions." By general education it can be accomplished, by making each class, physicians and patients, realize that the consultation is actually worth the increased fee that is demanded. Of course there are, and always will be, "cut-rate" doctors to be taken into

account. One of the most ingenious methods of avoiding such was that already noted in these columns, taken by a society in Indiana. This society has had printed for distribution among its members, an attractively arranged and unobtrusive card suitable for hanging in the doctor's office, On this card are the words to the effect that the society considers that the regular prices for office calls be so and so, for residential calls a stated amount, etc., for the various professional demands that most frequently occur. It then states in a note that any member of the society who conscientiously believes his own services to be below the average can. of course, reduce the charge as he sees fit. This means that anvone who cuts the regular fees, by implication acknowledges himself to be less well qualified or less skilled than the majority of his professional associates. We do not know how well this idea worked out in actual practice, but should think that it might be worthy of more general adoption as it is certainly a unique one-

In many places the laymen, and particularly the newspapers, feel that physicians charge exorbitant fees for work performed. We have been, therefore, particularly pleased with an article in the "Detroit Free Press" which gives the subject its due amount of consideration. In this article, according to "Medical Counsellor", the following will be found.

"He has great temerity who would fix the absolute price of the service that saves one's life or that of his kindred. The service of the physician is not that of the half-hour in the sick room, but the accumulative service of years of study, work, experiment, failure and mastery. We do not hire the man for the hour; we hire his whole past lifetime and experience. In order to learn how to save your eye he has probably spoiled a bushel of eyes. He is able to minister to your case by what he has learned in failing to be able to minister.

to another case. If you are wealthy, it is no more than your duty to reward him handsomely. If you are poor he expects only the poorest rate.

"Medical skill is beyond price. A doctor cannot buy it, neither can he sell it. He can only use it, and those who profit by it do not pay for it, but make the aknowledgment that custom prescribes or ability permits. Certainly the profession of medicine is not overpaid, nor is it recruited from the class of men whose constitutional motives are mainly mercenary. The doctor's fee is amongst the cleanest money earned or paid."

It the public at large could realize the full meaning of the ideas advanced by this writer, we feel that the question of the physician's fee could be readily settled to the satisfaction of all. And it will be largely the physician's own fault if, in future, such a truthful and sane understanding of the subject does not gain general acceptation.

-The New England Medical Gazette,

SUGGESTIONS FOR THE MORE PRACTICAL APPLICATION AND TEACHING OF MATERIA MEDICA.

By Walter Wesselhoeft, M. D., Cambridge, Mass.

The subject on which I venture to offer the following remarks has been the source of so much dissention among us for more than half a century that it cannot be touched today save in the most compromising spirit. It is the question again of the indications for our remedies, or, in other words, of the clinical application of our fundamental principle. In it are comprehended the reasons for our existence as one organized body; of our individual successes, and the warrant for the teaching in our schools. Since there is so little agree-

ment on this question it suggests, in fact, certain conscientions doubts as to whether we are justified in attempting to teach materia medica before having reached some sort of consensus regarding the value of the indications on which we usually prescribe. Some among us prescribe mainly on pathological grounds, others on the sum of the symptom complex, and still others on the modalities or on characteristic symptoms, not unfrequently determined in an arbitrary manner, and each one of us feels secure in the conviction that his method is based on the true conception of the rule of similars. The question is indeed a most difficult one, far more difficult than the question of dose, knotty as this is, since this latter lends itself to direct experiment and clinical tests.

The obstacles in the way of reaching conclusion on this most vital of all questions before us are those besetting the path of all therapeutics. If we are frank we must confess that we stand on no higher level than the old school despite the fact of our possessing a foundation on which to rise. While declaredly our indications for treatment are derived deductively from our law, that is, are matters of principle. they are as yet no more than matters of private judgment, and therefore essentially unprogressive and only tentatively teachable. As in the dominant school everything is "rational," and therefore by implication scientific, in treatment that suggests itself to the individual practitioner out of his knowledge and experience; so with us everything is homœopathic that appears even in the vaguest manner to be justified by our law of similars. Who shall deny that this is the blind alley reached today by all therapeutics relating to the use of drugs? We may, if we choose, go on indefinitely travelling round and round in this cul-de-sac since it is all, whether homeopathic or allopathic, old school or new school, recognized by the law of the land as legitimate practice and therefore not to be challenged by cavilling innovators and reformers within or without the profession, or by the mortality statistics which, save for the advances in sanitation are practically unchanged. But secure as we may be in our individual positions, this attitude towards progressive inquiry and the responsibilities assumed by the existence of our school will not long be tenable.

It is this consideration which prompts me to bring up this vexed question before you again. The soundness of our law can no longer be questioned. Too many unwilling witnesses, forced to do so by the advances in knowledge and clinical experience, are testifying today to its existence, and unwilling testimony, as we know, carries the strongest confirmation. We are therefore no longer concerned with its defence. That to which we must bend all our energies is its practical interpretation, its applicability to individual cases. Bear with me, therefore, for a few moments before concentrating all your attention on the special subjects so near your hearts, while I subject our practice as set forth in our daily lives and our literature, to a brief scrutiny.

I shall try to be brief and to avoid needless repetition of familiar facts, but in order to survey clearly our present position we must glance for a moment at the course by which it has been reached. Hahnemann, as you know, neither evolved his law out of his inner consciousness or the philosophical systems of his day, nor, as Dr. Holmes derisively asserted, found it by ransacking old volumes. By patient observation at the bedside and noting the frequent beneficial effects of the empirical practice among the people, he came upon a certain relationship existing between the conditions and outward symptoms presented by many affections, and the agents—mostly medicinal—by which they were relieved or cured. With this observation impressed strongly upon

his mind, and recalling out of his wide learning that observations of a like character had forced themselves upon the attention of no small number of the formost men in medical history, he at once set about searching the medical literature of all Europe for corroborative data. At the same time he continued his own clinical observations and experiments by means of provings in order to obtain facts of a more positive nature, while constantly struggling with himself in the effort to avoid the errors of reasoning and observing into which the entire profession had fallen.

If we examine the facts collected in part from recorded cases in medical literature, and in part from his own experience upon which he originally founded his theory, we come mainly on pronounced pathological conditions and single symptoms of a character sufficiently marked to give a name to the affection relieved or cured by an agent seen to produce similar conditions.

Here I am thrashing over old straw. But by doing so I still hope to gather from it certain sound grains by means of which to support the contention that the relationship between disease and remedy expressed by the law was not found by a comparison of the totality of the symptoms of both, but by noting some striking feature of the case and some corresponding effect of the drug equally striking. The authors quoted by Hahnemann were, with few exceptions, as Dr. Hughes and Dr. Dudgeon have shown by laboriously verifying references, experienced observers, far above the level of the average practitioners of their time, and their reports of cases were written without preconceived theories earnest desire to record their observations. You all remember the cases cited, of frost bites relieved by cold and of burns and scalds by mild heat, and other instances of the relation of the pathological state to the similar curative agency supported

by the testimony of distinguished men like Sydenham, John Hunter, von Stoerk, Benjamin Bell and others. (Organon, p. 43 et seq.) Further on we have the more fully observed and minutely recorded cases of acute affections characterized by distinct lesions and cured by medicinal substances of which the pathogenetic effects bore a sufficiently marked resemblance not only to the sensations and what we call symptoms, but to the lesions from which they arose. I need mention only the uterine hemorrhage of sabina and conium, the strangury of cantharides, the eruptions and arthritic affections of rhus, the eruptions and gastric disturbance of arsenic, to mention no others out of the great number collected.

You note here the origin of indications, purely empirical, derived from structural changes. Hahnemann calls them "local symptoms" and declares them to be the most characteristic. (§Organon, 117). In an earlier paragraph he insists that the worse the acute disease, the more striking will be the symptoms and hence the more ready the selection of the drug (§Organon, 152), and later on in explaining the meaning of the totality of the symptoms, he plainly states that this can be no other than the totality of the "characteristic" symptoms (§Organon, 258), which we must hold to be the actual, observable changes produced by the pathological pro-In the following paragraphs he further explains, as we all know, that these changes must be more clearly defined and studied in relation to their causes, attending conditions and manner of occurrence. But the point to which I wish to call especial attention once more is the fact that Hahnemann himself and the authors he so lavishly quotes, recognized the relation of similarity to lie in actual lesions or pronounced pathological processes and not merely in the sufferings or symptoms accompanying them. Important as we recognize

these to be, more especially in that by no means small class of cases in which the lesion itself is beyond direct reach or not clearly to be diagnosed, though amenable to treatment, we must look upon them as of secondary value.

These points have so many times been brought up in the long and often fierce controversy on the respective weight to be attached to objective and subjective symptoms, that I shall not enter into their further consideration here. enough to know that, in framing our indications for treatment, we have the warrant of experience and sound reasoning for building on positive and demonstrable phenomena, even though those less clearly definable are by no means to be rejected. So much all experience has shown, that the totality of the symptoms in its widest sense is not a practicable guide at the bedside. That it has proved unavoidable in practice follows clearly from the fact that all our most conscientious and experienced practitioners have constantly aimed and studied to determine the essential features of our remedies to serve as indications for treatment. Each one has done this in accordance with the special medical philosophy to which he clings. but all agree that elimination is an actual need both for practice and teaching. What can be done with the thousand and more symptoms of arsenicum, the twelve hundred recorded effects of pulsatilla, the fourteen hundred of belladonna? They unquestionably all have their meaning and a certain value, but even if a human mind could be found to retain one-half of them, it is certain that few could serve as indications. Hence the making of repertories, and hence, also, the demand for elimination. Some eliminate the subjective signs, some the objective. Both sides, I am persuaded, go too far. We have seen that the entire homœopathic structure was originally built up on objective signs, on recognizable lesions and definite processes, striking examples of which,

besides those already mentioned, are the epidemic diseases on the study of which Hahnemann lays so much stress. But we also know that these lesions alone, in their true form of results or products of pre-existing changes, are not enough. They are insufficient to serve as indications for treatment since, taken by themselves they admit of no individualization. This demands the search for the peculiarities of each case, and here, you will agree, lies the crucial point of all therapeutics, more particularly of the homocopathic. The question forcing itself at once upon our minds is: What constitutes the peculiarities of an individual case? Without doubt the "local symptoms," as Hahnemann calls them, the actual pathological condition, as far as it can be recognized and 'traced, is the first point to be determined,—not the disease merely to be named,—then, however, the manner of the reaction to the invasion or cause of the malady. This reaction will necessarily take place under the general laws governing all organic resistance to pathogenic agencies, but its course will be modified by the predisposition, the temperament, the degree of defensive energy, or what we still properly call the vitality possessed by the subject, as well as by the presence in the system of vestiges of earlier diseases. All these attributes of the molecular structure of the tissues affected are the causes of those variations or departures from the type which differentiate one case of the same disease from another. They constitute the personal element, the patient's individuality, a factor of undeniable importance in all treatment.

But how are these individual peculiarities to be met when they form a distinct part in the clinical picture of a case? They too often represent the points of least resistance in an organism practically or apparently sound, and withdraw themselves wholly from recognition until called into abnormal

activity by the invading cause of disease. They are the obstacles to the search for specifics for classes of diseases or rather, for nosological entities, I mean specifics in the accepted sense; but they postulate the demand for specifics against conditions occurring in the course of diseases.

To illustrate: A case recently treated of a right lower pneumonia in a young lady of good antecedents, good health and exemplary habits, though of fragile frame, ran an absolutely typical course with a perfect crisis on the fifth day and uninterrupted convalescence in three weeks. In another case, that of a strong man, aged 40, teamster, of good personal but unfavorable family history, the seizure came in apparently robust health. The seventh day brought an imperfect crisis. followed on the tenth by an encephalitis with temperature of 106° and a fraction, lasting many days without recognizable spread of the lung trouble, but violent delirium, convulsions, coma and death. I may have had here a mixed infection or an embolus charged with highly toxic material, but the probability is in favor of a certain proclivity on the part of the brain tissue or possibly the meninges for the pneumococcus, or better, an absence of defensive power against this particular microbe.

Such local imperfections of structure or function, or vulnerable spots, can only be attributable to abnormal molecular action, held in abeyance during the undisturbed balance of forces and processes of the organism, but manifesting themselves at once on the disturbance of this balance. The object of treatment, therefore, must be to arouse not only the normal physiological defences against the original invasion, but also to so meet the exigencies of the case as to stimulate in an especial degree the regions of feeblest resistance. This is surely the aim and object of the homeopathic method, of which I am now attempting a purely theoretical explana-

tion in order to reach a basis for the framing of indications for treatment; that is, for drug-selection.

The points of least resistance yielding to the pathogenic cause call forth symptoms added to and modifying those produced by the same cause in the sound tissues primarily affected. The task, therefore, is to find a remedial agent capable of arousing a defensive reaction not alone in the parts affected in all cases of the same disease, but in those also participating in the general disturbance by reason of inherited or acquired predispositions of the individual organism.

The choice of the remedy therefore, while determined first by what Hahnemann calls the local symptoms, the most pronounced, which point to the seat of the lesion and thus usually to the greatest danger or suffering, will also be influenced by the concomitant symptoms traceable to or at least arising from the individual peculiarities.

Now, two courses present themselves for the determination of the choice of the remedy, and both have their value. The one, that of Hahnemann, is the purely empirical one of symptom—comparison—to be applied, as I believe, rather in exceptional cases where our knowledge fails, as in no small number of cases it does, to throw a clear light on the nature of the case. The other is that of symptom-analysis, by means of which the nature of the symptoms, their origin and course is made clear and thus an intelligible relation established between the disease and the remedy. The first course is of necessity unprogressive and too often laborious to the degree of impracticability, and though, as I have said, often the sole resort in difficult and doubtful cases, to be taught with great reservation and a full understanding of its limitations. The second alone can convey to the student an understanding of drug-action, and thus be to him a practical and progressive guide to drug-selection.

(To be continued.)

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DISEASES OF FEMALES.

Homeopathy can justly claim to have created a new method of treatment for the various ailments of the temale generative organs, for which the treatment under the dominant school of medicine is always most irritating and harassing. A friend of mine once told me that Dr. Bhaduri cured a displaced uterus with Sepia without the help of any mechanical means. There are cases of course where it is absolutely necessary to have recourse to mechinical processes but their number is very few indeed. Even in the management of labor, I think, mechanical interference is very seldom needed. In cases of placenta previa and such other maladies, surgical interference is necessary and the sooner we do it the better. But even in these cases the aftertreatment should always be homeopathic.

Sometime ago, I read in one of the American Journals, how an eminent gynecologist, went and had the ovaries removed after having curated the uterus, in a young woman who had just married and thus maimed her for life. He was also very loud in his abuses for the husband who happened to have gonorrhæa previous to the marriage. He attributed all the blame to the husband and satisfied his own conscience. I was all the more astonished as the surgeon

belonged to the Homeopathic school. He at once rushed for the knife because the patient had high fever and showed signs of blood-poisoning. I would humbly suggest to these practitioners that if they paid a little more attention to their Materia Medica and would be a little more patient, they would frequently cure their cases without making valuable young lives useless. Of course in these cases cleanliness should always be insisted upon, for the indicated remedy will frequently fail to have any effect, if the parts we left unclean and the irritating substances we left in the uterine cavity.

With such remedies as Aconite, Bell, Arnica, Mercurius, Hepar-Sulph, Pulsatilla, Calcarea, Ferrum, Graphites, Lycopod, Nux, China, Sepia, Kali-Carb, Mezereum, Phosph, Platina, Sabina, Iodium, Conium, Alumina, Bovista, Ruta, Secale and a host of others, we shall be able to cure cases, beginning with vaginitis, simple leucorrhea metritis, oophoritis, various menstrual anomalies such as menorrhagia, metrorrhagia, amenorrhea, dysmenorrhea and the like disorders and ending with prolapsus, ulceration and cancer of the uterus. Even postpartum hemorrhage and pemperal fever cases are amenable to homeopathic medication. Of course in such desperate cases, we cannot always be certain about a cure but neither can our surgical friends do the same with all their vaunted armamentaria.

In the last thirteen years of my experience I have become convinced that the more difficult the case the more careful we should, be about our prescription. My preceptor, the late lamented Dr. H. C. Allen used to say, that the more difficult the case, the closer should your attention be for the search of the similimum. Following this advise I have been able to cure puerperal fever, hemorrhage, prolapsus, ulcerations and inflammatory diseases with such remedies as Pyrogen, Lachesis, Belladonna, Sepia, Sabina, Vibernum, Trillium, and the like remedies.

HOW CANCER IS SPREAD.

A STARTLING THEORY.

That cancer—the most agonising scourge of man may be directly traced to the ordinary earthworm which is found in every garden, and is commonly used as bait, is the startling assertion of Dr. H. D. Walker, of Buffalo, a recognised authority on the subject, who has just concluded a remarkable series of experiments in an effort to ascertain the cause of the terrible disease.

According to this new theory, cancer is caused by a parasite which the earth worm harbors and which it transfers to the leaves of lettuce, cabbage and other garden vegetables which it infests as also to fish whose food it forms and the most astonishing suggestion made by Dr. Walker is that boiling will not kill the deadly germ or destroy the poisonous products of its activity.

If this scientist's conclusions be sound it would seem to follow that under present conditions the eating of fish and vegetables is fraught with grave danger and entirely new methods in market gardening are importative. Prevention of cancer seems to depend on the extermination of the angleworm.

Cancer is second only to consumption in its death-dealing activity, and holds a dread pre-eminence in respect of the agony it inflicts.

But how can earth worms cause cancer?

Briefly, cancer is due to a parasite which comes from the skin of the earth worm that bores through the garden, crawling over lettuce, cabbage leaves, and other vegetables, to which it transfers the deadly germs. Any one noticing the path of the earth worm over a smooth surface will readily see there is an oily substance left in its wake—a small thin streak. This streak of wet matter contains the parasites, not visible to the naked eye, but easily seen through a microscope, when magnified many times.

An alleged peculiarity of these parasites is that although the vegetables be cooked the germs are not killed, and infection is nevertheless, carried into the system. The ease with which they may get into the system is, however, most apparent in the case of lettuce which is eaten in its raw state chiefly. According to Dr. Walker's theory, it is the small earth worm commonly used for fishing which causes the well-known skin cancer. Internal or glandular cancers are caused by parasites conveyed by the larger earth worm but almost all kinds of earth worms carry some sort of noxious parasite. And fish love worms.

It may easily be, then, that if fish sometimes cause cancer (although this has not yet been conclusively demonstrated by experts) the primary cause is the earth worm they so gluttenously swallow. Dr. Walker has kept fish in aquariums for test purposes, and has fed them exclusively on worms. In six weeks these fish have died. He has dissected them and found traces of cancerous growth. This is one datum in support of his earth worm theory. He has fed hares and rabbits on lettuce and cabbage leaves. Upon their death he has found cancer in their bodies. If it be granted that vegetables containing these parasites create cancer in animals, is it not reasonable to suppose that such would probably ensue in the case of human being also? this is no more than a logical deduction.

The larger varities of the earth worm produce what is known to the medical world as sarcoma. This is a species of mailgnant disease nearly like cancer. The sma ler worm which confines itself to gradencrops, produces cancer itself, carcinoma. Dr. Walker, in the course of his investigations, has obtained much practical information that bears out his theory. Thus, he argues, the reason why there is so little cancer in Florida is the sandy soil there. Worms cannot live in earth that has much sand.

Dr. Walker's system of prevention is to kill the earth worm. Death due to the earth worms means death due to cancer, and longer life to thousands upon thousands. The method of extermination is an application of salt—one or two pounds to a gallon of

water, sprinkled in the earth. Lime and wood ashes will prove equally effective.

The doctor has conducted about sixty experiments with a view to ascertaining whether guinea pigs can be infected with cancer by injecting the parasites obtained from earth worms, and says that his experiments have proved that cancer cells are produced in this way; and that the same result is obtainable when parasites are injected in hare and dogs. In many cases tumors and real concer developed, and in nearly every case the experiment proved fatal to the animal selected, the exceptions being in cases where larger animals, such as dogs, were used. In one case a guinea pig that was given water in which worms were allowed to stand after being cut into small pieces died in eighteen days after drinking it.

People may indeed, eat vegetables infected with cancer parasites for years and feel no bad effect, because they are by nature immune to them. On the other hand one may carry the parasites in the system for a long time without harm, and when the health is run down theywill become active.

The fact that cancer is frequently the result of a violent blow is not necessarily inconsistent with Dr. Walker's theory. It is explanation of such cases is that the patient must have been already infected with the earth worm parasite at the time when the blow was received, and the blow simply determined or hastened the development of the disease. In cases of cancer supposed to have been due to a blow—traumatic cancer as it is called the disease seldom shows itself until months or years after the injury—in fact, in trying to account for the origin of such cases, physicians have to look up the history of the patient for years to see whether during that period, in some accident or other, injury was sustained at the point where the cancerous growth appears.—Bengalee.

GONORRHŒA.

Urethritis has been classified as venereal and non-venereal. It is the former kind of disease that has been commonly described as gonorrhæs. The disease is so common and so much has been

written about it that it seems redundant to be writing about it again. But I think the large number of people that suffer from this disease and the many quack nostrums that are advertised for the cure of this and allied diseases and very frequently much to the detriment of the sufferers that the more we elaborate about the nature of this disease and its proper treatment the more it will be for human weal. Very often it is asserted by people suffering from this disease that they had no bad connections but they got the disease by sleeping in the same room with another man having the same disease. Now this is utterly impossible. A man can never contract a disease like Gonorrheea without immoral connections. A simple urethritis is sometimes seen in children and even in adults which may be due to various other causes. Genorrhæa attacks females as well as males. But the susceptibility of individuals differ. One man gets a violent attack of gonorrhea and another escapes, from the same impure connection. Novices are almost always attacked. Its symptoms are varied and various. Beginning with a tickling sensation and frequent urging to urination to violent strictures and hematuria are observed in this disease Homeopathic treatment is slow but sure in this disease. It cannot boast of cures made in a day or two as is sometimes observed under the effects of strong injections with Silver Nitrate etc. So also it cannot boast of having created so many strictures. orchitis, chordæ and the like maladies.

The treatment of the disease is very simple in its initial stage. A few doses of Merc. Sol. 6, is sometimes enough to make a radical cure. People who have had repeated attacks cannot however get rid of the disease so easily. Gleet frequently results in these cases. This also can be cured by judicious homeopathic treatment if only the patients are careful and become regular in their habits and are not indiscreet.

Hahnemann suggests Thuja in the lower potencies for the initial stage which failing he advises Acid Nitric.

Baehr suggests Mercurius, Hepar-Sulph and Cantharis and I have myself found these to be excellent remedies. Cinnabaris and Can-

nabis are some of the other remedies in this disease suggested by the older writers. Nex Vom has helped me out in very bad cases promptly. Thuja, Acid Nitr., Sulphur, Cannabis, and Kali Iodium are also spoken of highly. Dewey recommends Aconite, Gelsem., Cannabis, Arg. Nitr., Petroselium, Pulsatilla, Capsicum, Copaiba, Cubeba, Sepia, Natr. Sulph., Agnus Castus and Sulph.

Hahnemann considers sycosis one of the three miasms of his chronic disease to be result of this disease. It is manifested by fig warts or condylomata.

Drinking cold water frequently has a very good effect. It keeps the urine free. Barley water is also very helpful at times.

J. N. MAJUMDAR, M. D.

REMEDIES FOR COUGHS.

BY GEORGE ROYAL, M. D.

Belladonna. A dry cough, spasmodic cough with dryness, rawness and scraping in the larynx. Every now and then you get attacks of suffocation with the paroxysms of cough. The only time you find anything like moisture with the belladonna cough is when a person suffering from chronic catarrh contracts cold. Then the mucus is seen and felt in shreds.

Spongia. A dry suffocating cough with soreness and burning in the chest. The patient is very hoarse. There is a sense of constriction of the larynx which makes the respiration difficult. The difficult respiration often accompanies the dry metallic cough and there is a feeling as if the breath passed through some porous substance. The dry cough and constriction are both relieved by eating and drinking.

Rumex. An incessant, dry, spasmodic cough, worse by breathing cold air, by lying down, at night. The irritation causing is from mucus which produces a tickling behind the sternum. The time of day is from 10 to 12 v. M. There is relief from covering the head and broathing under the bed clothes.

Sticta. A nervous, dry, incessant, hawking cough, sometimes in spasms like whooping, a remedy for nervous reflex cough and whooping cough. Usually cough, but occasionally the incessant irritating cough of measles. Although nothing seems to ameliorate the cough of sticta, it is decidedly worse towards evening, or when the patient is tired.

Causticum. A hollow, dry, hoarse cough with soreness and rawness down from the trachea. The causticum cough is the opposite of rumex in that it is worse when covered up warm in bed. It is relieved by sips of cold water. The feelings as if there were mucus in the larynx which the patient cannot get under and raise is very marked in causticum. With the cough the patient involuntarily voids urine.

Bryonia. A dry, hawking cough from irritation in the upper part of the trachea. Every time the patient coughs there is a feeling as if the head and chest would burst. The bryonia cough is sometimes called a "stomach cough," because it is aggravated by eating and drinking. With the cough there is a sharp sticking pain beneath the sternum, in fact, all through the chest. After a few hours the cough may become just a little moist, and you have a slight amount of mucus streaked with blood, expectorated. The marked aggravation of this cough is from coming from a cold into a warm coom.

Phosphorus. A dry, rough, hoarse cough with lightness or oppression of the chest and spurting of urine during the cough. Phosphorus has two marked aggravation 1st, talking, laughing, and singing, 2nd, going from warm into cold air. There is a good deal of burning in the larynx also beneath the sternum. Notwithstanding the dryness of the cough and burning you may have mucus, frothy, blood, purulent mucous expectoration. With the cough of bronchitis and pneumonia the phosphorus patient cannot lie on the left side without attacks of suffocation.

Ipecacuanha. A constant rough shaking, ineffectual cough. Ineffectual in the sense shat mucus of which there is a large amount in the bronchial tree cannot be dislodged by coughing. The cough HINTS. 137

causes much nausea, "gagging" and sometimes vomiting. With the different conditions in which you find ipecacuanha cough you have a wheezing whistling in the chest.

Hepar sulph. Hepar seems to have a dual cough as well as the a dual action for suppuration. It is useful for a dry and for a moist cough. The dry cough is usually worse in the evening, the moist loose cough in the morning. The keynote to either variety is "cold" and "cold air." If a draft of air strikes the patient or if any part of the body becomes could the mucus of the loose cough seems to tighten and the paroxysm of the cough becomes more violent and prolonged. 'Cold' and 'cold air" also aggravate the dry cough. The hepar patient always sweats when coughing.

Tartar emetic. Coughing and gasping in alteration, a loose cough with little expectoration, much rattling of mucus in trachea. The cough compels the patient to sit up in order to breathe. The face is pale, cool and moist. The pulse is rapid, weak and trembling. Great rattling of mucus in the chest is the keynote to the remedy.

With the Belladonna, Spongia, Sticta, and Causticum, I habitually use cold water compresses, as follows: Dip a piece of linen in water at temperature of 60 to 65, and wrap around the neck. Over this put a flannel cloth to protect the clothing. Change as often as it becomes dry.—Iowa Homeopathic Journal.

HINTS.

Restlessnees, with fever, fear, Aconite. Fear is a strong characteristic of this drug. When patient is very restless, anxious, greatly fears death, Aconite is called for. It is especially indicated at the beginning of disease.

Arsenicum also is indicated where the patient is restless and fearful, but here there is great prostration, weakness, burning rather than fear such as indicate Aconite.

Glonoine is called for in that peculiar condition where patient seems lost or unfamiliar in places well known.

"Night terros" of children are sometimes controlled by Bella-donna.

Some persons are troubled by fixed thoughts. Try Ignacia.

Ignatia is also the remedy where grief becomes abnormal.

Some persons fear they will commit suicide though not wishing to do so. The remedy is Aurum met.

PHYSICAL DIAGNOSIS ACCORDING TO MR. DOOLEY.

Mr. Dooley says: "By that time I'm scared to death, an' I say a few prayers within he fixes a hose to me chest an' begins listen.' in 'Anythin' goin' on inside?' says I. ''Tis ye'er heart,' says he. 'Glory be!' says I. 'What's th' matther with that ol' ingin?' says I. 'I could tell ye,' says he, 'but I'll have to call in Dock Vinthricle, th' specyalist,' he says, 'I oughtn't be lookin' at ye'er heart at all,' he says. 'I niver larned below the chin, an' I'd be fired be th' Union if they knew I was wurrukin' on th' heart,' he says. So he sinds f'r Dock Vinthricle, an' th' dock climbs me chist an' listens. an' then he says: 'They'se somethin' th' matther with his lungs too,' he says. 'At times they're full iv air, an again,' he says, 'they ain't,' he says. 'Sind f'r Bellows,' he says. Bellows comes and pounds me as though I was a roof he was shinglin' an' sinds f'r Dock Laporattemy. Th' dock sticks his finger into me side. 'What's that f'r?' says I. 'That's McBurney's point,' he says. 'I don't see it,' says I. 'McBurney must have had a fine sinsc iv humor.' 'Did it hurt?' says he. 'Not,' says I, 'as much as though you'd used an awl,' says I, 'or a chisel,' I says; 'but,' I says, 'it didn't tickle..... 'They mark out their wurruk on me with a piece iv red chalk, an' if I get well, I'll look like a red carpet."

POTENTIZED RADIUM AND CANCER.

Dr. Eric Graf von der Goltz, of New York, contributed a paper on this subject to the February issue of the Homaopathic Recorder

that is worth noting for the "therapeutic hint" it contains. This "hint," boiled down from the details of the paper, and in our own words, is, that Radium (the potentized—30th or higher potency), is to the cancer diathesis what Bacillinum or Tuberculinum, is to the tuberculous. Wherever cancer is suspected, or three is a history of a heredity running into cancer, an occasional dose of Radium 30, may work wonders. Dr. Von der Goltz had a very bad case of Bright's disease to treat in a woman with such a history, and Radium 30 caused "magic-like improvement." So also, in other diseases with a like heredity.

SEPSIN-STAPHYLOCIN.

Sepsin is the bacteriologically pure toxin of sepsis, potentized according to the methods of the homoeopathic pharmacopoeia, while Staphylozin is the pure toxin of the staphylococcus prepared in a similar manner.

Sepsin is the drug for all septic states, while Staphylocin is indicated wherever the Stphylococcus is found—boils, abscesses, small-pox, skin diseases, sycosis, furuncle, periostitis and the many other conditions marked by the presence of these bacteria.

A FEW PRACTICAL HINTS.

For suspected cancer or ulceration of the stomach put the patient, in addition to the indicated remedy, on the B. & T. Pure Olive Oil. It has given great relief in many instances.

When the patient always has a little drop of clear mucus at the tip of the nose, Sepia is the remedy, says Dr. Weaver.

Eel serum 6 is a remedy to be remembered in heart cases with galloping pulse, dropsy, dyspnæa and the usual train of symptoms in such cases.

If the patient insists on a "blood purifier," give him some *Echinacea* θ in water. One might truthfully say that it is a blood purifier.

Dr. Turner insists that very marked wrinkles on the face indicate symphilitic history and are a call for Syphilinum.

When at a loss for a proper food in fever cases, or where the vitality is at a low ebb, always think of the B. & T. Unfermented Grape Iuice.

For quick relief in piles B. & T's. Æsculus and Hamamelis Suppositories will do the trick, gaining gratitude and so forth.

Remember Eryngium aquaticum, for inordinate nightly emissions.

For a toilet antiseptic-mouth, etc.-try B. & T's. Asepticon.

Tarantula Cubensis, according to Dr. Nilo Cairo, is the best remedy for bubonic plague. Majumdar has successfully employed Pyrogenium in that disease.

Any of the B. & T. erates can be obtained in collapsible tubes. Very handy and clean. Also with pile pipe attachments.—Jottings.

LECTURER IN COMPARATIVE MATERIA MEDICA. HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA.

In its evolution to the present day, medicine has passed through many interesting stages. Superstition, religion, philosphy, politics and science have all had a part in influencing its development.

Clinical medicines and sanitary science have much in common, but they have distinct lines of separation as well. Clinical Medicine may be largely hypothetical and tentative. Sanitary science belongs to social economics. It must be practicable and subject to social and economic limitations. Clinical medicine may be theoretical and experimental; it is occupied with the whys and hows of diseases. Sanitary science must be conclusive and appliable; it has chiefly

to do with ways and means to minimize the disasters and economic losses from disease.

A scholarly clinician, an eminent authority upon the natural history of diseases, begins a review of the evolution of internal medicine by saying;—

"Like other departments of Philosophy, Medicine began with an age of wonder. The accidents of disease and the features of death aroused, surprised and stimulated interest, and a beginning was made when men first asked, why should these things be?" and—

This is the point of view of Medicine, an abstract science or a philosophy. But to one who sees in the history of Medicine a more or less intelligent and systematized effort by man to escape disease, it is more probable that pain, rather than "surprize" "or interest" prompted him first to do something, and then, perhaps, to ask, little more than instinctive what hurts me? How can I get away from it. Action, however, unintelligent and ill-directed it may have been, probably preceded philosophizing in this sense, practice of medicine antedated the science or the philosophy of medicine. Men have always been more zealous to "propitiate by sacrifice" or to "placate by prayer" than to investigate the causes of "the accidents of disease" or scrutinize. "The features of death." Even to-day, "cures" are more interesting than causes to the average man, and practical suggestions to prevent disease and promote health find a tardy but willing favor with the public, none the less, modern reasonable medicine must patiently fight its way along these lines.

Between the ultra-scientific attitude on the one hand, which tends to reduce medicine to an abstract science, and the encroachments of commercialism on the other, which tends to develop a respectable trade "for revenue only," there is a fine middle course dictated by a saue and humane altruism, which shall continue to make it a noble and learned profession.

The doctor of the old school whom Jan Maclarin so picturesquely drew for us; has passed, because conditions—not men—have essentially changed, but the fine human qualities of heart and

hand which first made him a man, will be in ever greater demand upon his more favoured successors, so long as health can not be "bought in the market" nor death be bribed.

In view of these considerations, I have chosen the family Physisician to suggest a phase of practice upon which we are about to enter, quite as much as to characterize a type of practitioner with which I believe we shall become quite familiar.

For discussion, Medicine may be said to have passed through two distinct stages of development and to be now entering upon a tifiral, each of these stage merges into or overlaps the others to some extent.

Up to the nineteenth century, the purpose of Medicine was curative—any superstitious art or crude system of practice was aimed to cure disease with the advent of the twenteeth century measures became less heroic—largely through the influence of the great reformation in Medicinal therapeutics—and the contributions of Morbid anatomy and bacteriology went far to make it preventive of disease. Gross and empirical polypharmacy began to yield to the more systematized knowledge derived from experimental pharmacology.

Vigorous antiseptic measures have in turn given way to scrupulous and more intelligenct aseptic methods. The phagocytic theory and the study of the opsonins along with the research along the lines of autogenous vaccines, have contributed much to the growing conviction that within the human organism itself there are positive physiological agencies for combating diseases and promoting health. Hence medicine enters upon a third stage and becomes constructive.

On everyside we find men seriously considering measures to conserve natural resources, the meaning of the term being restricted almost entirely to the physical properties of land and water to forests, mines and water-courses.

There are natural resources of more far reaching consequences than these. They are inseparably bound up in the physical bodies of each man, woman and children of the nation. The potential value of this class of resources can be estimated only in the physical efficiency of the average individual expressed in terms of healthy and productive activity. "In sympathy with the economic spirit of the times" the medical profession will be expected to devise ways and means to conserve these resources—to cure and prevent diseases by promoting health. Constructive practice will necessarily have to be largely educational.

There are two general types of practice applicable to this end.

The first I shail call group practice, the other unit practice.

Group practice may be said to include any measure sanctioned by governmental authority and executed by the officer of nation, state, municipality or institution. It aims to affect the individual by safeguarding the mass. It is operative upon people in groups with no discrimination between individuals. It is essentially preventive. It is far-reaching but superficial and costly economically. It is inflexible, unwieldy and very often unjustly burdensome upon those who are most faithful to its provisions. It lessens disease among the masses. Its greatest merit lies in its authority. But it has little positive influence upon the daily efficiency of the individual.

In spite of its excellent result so far, there is a growing dissatisfaction with the increasing cost of maintaining numerous health boards, with their inflexible structures upon individual liberty and official intrusions into private life. The disposition to hold hospitals and other charitable institutions to a stricture accounting for monies appropriated by the state, is another evidence of public dissatisfaction with methods which too often fail to assist those most needy. The right of the state to prevent mental or physical inefficiency either by stricter marriage laws or by employers' liability acts for example, is being grudgingly conceded, but the tendency to too much paternalism as a result of such methods is seriously and stoutly resented.

A prominent state sanitarian is reported to have predicated that a day would come when all illness would be treated by official health officers—no private physicians or that each practising physi-

cians would be compelled to report the daily progress of his cases to the state capital.

One cannot take such an extreme view seriously.

It is hard to believe that the responsibe head of a family could ever be brought to surrender his person or family into the hands of any quasipolitical "official" doctor.

It is not unlikely, however that this tendency toward too much officialdom, could be counteracted by delegating to each qualified physician the legal authority to make his directions effective. It would not be a great step from the right "to practice medicines and surgery, etc," which is now given to every legal practitioner to the responsibility and authority of an officer of the public health.

Group practice affects the mass. Its results are expressed in "mortality" statistics. They go to show us that in a certain community and time given percentage of sick people died of one or another form of disease. This is an unsatisfactory index of individual or community physical efficiency, in view of the fact that in any community the "morality" rate is sure to be 100 per cent. if nobody enters or leaves it either by birth or death.

Until practice affects the individual directly. It is not only curative but can be constructive as well, for it is suited to consume the best interests of the mass by raising to its highest level the physical mental and moral efficiency of each individual. For practical purposes, we take the sociological unit the family, consisting of father, mother and child and we shall have to adopt some new standards of measurement. Instead of how many sick people in a given community die in a given time we will want to know how many hours or days are lost to each community through individual "sick leaves" and through men, women and children who have died before their time how efficiently and how long is the average individual self-supporting.

The family physician a medical adviser to families with the legal authority of a health officer, will be best qualified to make this type of medical practice far-reaching and directly effective.

His double responsibility to the state, on the one hand and to the individual upon the other will demand that he be a man possessed of the highest educational qualification in technical knowledge in addition to those fundamental qualities of integrity and temperament which will enable him to enter into the fullest sympathy and most confidental relations with each member of any family by which his services may be retained.

He must be prepared to co-operate with either the group practitioner or the consulting specialist as the individual case may require. He must be resourceful—with a due appreciation of the physical and financial limitations of each client. He must be prepared to co-operate—not incidentally but purposefully—with minister, teacher, lawyer or other adviser concerned with his clients' welfare.

Professional reputation more sensative to public opinion under such conditions would make infractions of the law in frequent and the public budget for Health Officers would be considerably reduced.

The office of the Family physician like a modern business office will be conducted upon systematic principles. In addition to a laboratory and working reference library there will be files of the complete records of the physical development of each client from birth with particular note of hereditory predispositions to diseases and careful annotations of "stock takings" at definite intervals during health.

Skilled inspection and measurement alone of each child from birth up to school age would prevent many diseases in their very incipency which now eventuate in a low resistance by the time school tasks are taken up.

People have come to see the value of periodic examinations of the teeth before they become diseased. They should be persuaded to recognize the superior claims of heart, lungs, kidneys or digestive organs.

Much scientific interest has been awakened recently in the kindred subjects of heridity and environment in their bearing upon individual and group efficiency.

In the interest of the subject of hygiene considerable research has been made and much has been written. Much as practical results are to be desired the subject is hardly more than academic as yet. Negative hygiene has been practised in a slight degree for some years by institutional or group methods, as in the segregation of those of the mentally deficient into colonies and homes. Latterly some interesting work has been instituted to "re-educate individuals of this class—to make thence self-supporting and less hopeless. In isolated instances physicians have succeeded in warding off ill-fated matings, without any special legal authority to make their advice effective more offten in private life these matters are left to chance.

Positive Engenies among human kind never be more than academic except in so far as men and women can be educated up to a serious knowledge of the irreparable consequences of illadvised unions. Indiscriminate public discussions of such subjects are harmful when not convincing and ineffective.

In this country it has been impossible to enact legislation to compel even the reporting and registration of cases of venereal diseases. Chiefly because of the lasting stigmata from unwarranted publicity which would result.

The opportunities for the intelligent family physician would be exceptionably favourable for authoritative prophylaxis and for direct positive hygiene.

The time to prevent ill-fated meetings is before undesirable acquaintances are made and the family physician with authority could educated parents to the necessity of most scrupulous care in selecting companions for their sons and daughters based upon consideration of vital physical importance quite as much as of temperamental and social compatibility.

With the authority of State health officer the physical record of a man or woman contemplating marriage should be open to the inspection of the other party or to a parent or guardian under proper conditions. A good old custom, now too generally considered unnecessary of asking a parents permission to sue for the hand

of his daughter is well calculated to further this end. It merely interposes a safeguard against the irretrievably bitter consequences of unsophisticated "sentiment.

I am fully aware that this suggestion will not be a cure all for every form of domestic infelicity. It is but a step in the direction of applied Engenies.

The most gratifying results from the point of view of social economics may be expected from the men and women who have started into the world physically and morally sophisticated and advised by an intelligent family physician in whose safe is locked the record of the antecedents and physical development of that boy or girl and for whom the e will always remain a tender affection and a personal interest grown out of years of professional knowledge and watchful forethought against disaster.

The question has naturally arisen. How recompense men sufficiently to indduce them to prepare themselves for this type of practice?

Two ways occur to me. First, by raising the general scale of fees for attendance upon contingent illness sufficiently to warrant systematic observations and records during health.

The abuse of charitable hospitals and dispensaries by persons undeserving of public assistance, is forcing many private practitioners to lower their average fees in order to gam a bare livelihood. Their services become preportionately worthless and their profession a business.

If hospitals established ostensibly for the poor and therefore recipients of state aid, were compelled to submit a statement of the exact cost per day per patient before an appropriation could be made, there would be fewer hospitals. If each patient treated was expected to pay something towards his or support there would be fewer "Free patients" and better attention for deserving people. There should be a maximum, and minimum charge for any service. The maximum fee should be as near as possible to the average fee for a like service in private practice. The minimum charge could be one cent.

The balance remaining to be paid should be met out of public funds and people who received this aid would be known as public patients not "charity cases" or paupers.

There would soon be few penny patients and more private patients.

Second, in communities of the well-to-do, the family physician could be paid a retaining fee—as in law, an amount sufficient to cover the services required to make special examinations, records etc.

This should be economically as practicable for persons as for property.

The introduction of such practice will be slow at first and will depend upon educating public opinion to its economic merits. Like any other propaganda for the public welfare its need must be shown and its feasibility tested.

The above will be sufficient to suggest the possibilities of unit practice and the claims of the family physicians as an agency for its application.

The demand of the twentieth Century upon the medical profession is to advise ways and means to raise to its highest level the physical, mental and moral efficiency of every individual not being content merely to meet the "accidents of disease" by curative measures not to escape the "features of death" by preventive means.

HOMCOPATHY—A SYSTEM OF RATIONAL THERA-PEUTICS: ITS RIGHT TO SURVIVE.

our much respected President has done me the honor to insist that I shall take up the story of Homocopathy, and present it to this Society as it appears to me after a somewhat extended and consistent practice of it for a period of forty years.

To most of you, this will be more than a thrice told tale, but

every presentation of the truth must serve to confirm the faith of some wavering believer or awaken the interest of the indifferent or skeptical.

Let us consider in due course, what are the essential principles of our system of Therapeutics, their claim to belief as scientific verities, and such being the case, the property of continuing them as living, practical and distinct forces in the Science and Art of Medicine. In other words, Is Home-pathy a system of rational therapeutics, and as such, has it a right to survive?

I make use of the term "rational" advisedly, for it was Hahnemann himself who first applied it to the system of therapeutics which he had evolved, and to which he applied the name "Rational Medicine." This was the first time in the history of the healing art that it had assumed sufficient definiteness of form, to justify the scientific world in recognizing it as a rational system of therapeutics.

Doubtless, Hahnemann, who was a scholar of rarest erudition, was entirely familiar with that early exposition of logic, called by its author, Aristotle, *The Organon*, and which proposed to extend the confines of human knowledge by the exercise of *reason*. None the less, also, was he master of that guide to the acquirement of knowledge by the more certain method of practical research and induction which Bacon introduced in his *Novum Organum*.

Familiar, I say, with both of these, and imbued with the spirit of both, Hahnemann gave to the world that incomparable volume, *The Organon of the Healing Art*," reducing to concrete form, the facts which had come to his knowledge in his search after truth, and which he had subjected to the methods of severest induction, as well as the most rigid requirements of logic and scientific formula.

We are quite willing to admit that probably all of what might be called the unessential theories and speculations regarding disease and drug action contained in Hahnemann's writings, are not compatible with modern scientific investigation, and, I dare say, there are few even of his most devoted followers who would claim infallibility for him, but it is also true, that compared with the theories and practices of his compeers at that time, Hahnemann was a full century in advance of the most advanced of them.

. And further, that one by one, have the deductions and even speculations of Hahnemann turned out to be the very truth, as proved by the starling revolutions of modern science.

It is my purpose now to lay before you some of the proofs of this contention, however trite and however familiar. In doing this, I may trespass on your patience to an unjustifiable extent, and perhaps what is worse, make use of the laborious accumulations in the same field of many of my indulgent colleagues, whose pardon I crave, and to whom I make cordial acknowledgement.

But let us first consider for a moment the status medicus of the period in which Hahnemann lived, that we may the better realize by deadly parallel the vast changes he brought about in the treatment of diseases by his discoveries and masterful deductions. It is historically true that medical practice at this time was without chart or compass, consisting mainly of the ipse dixit of this man or that, and, however well meaning their efforts were, to all intents and purposes they were in entire accord with the operations of the venerable gentleman with the scythe.

The schools talked of Hippocrates, Galen and Celsus, as if medicine had made no appreciable advance since their day, as was indeed well-nigh the case. But no less a modern authority than John Syre Bristow before the British Medical Association has indicated the state of scientific (?) medicine at the close of the 18th century, in language not to be misunderstood, and I introduce it here as an authoritative and forceful statement of the facts. He says:

"He (Hahnemann) saw through the prevalent therapeutic absurdities and impotures of the day; he laughed to scorn the complicated and loathsome nostrums which, even at that time, disgraced the pharmacopæias; and he exposed with no little skill and success, the emptiness and worthlessness of most of the therapeutical systems which then and theretofore prevailed."

This manly tribute from a recognized leader in the dominant school, comes with peculiar grace, and might be imitated with increasing propriety by his colleagues and successors as modern science continues to unfold the harmony of its revelations with Hahnemann's century-old deductions.

Examples could be endlessly multiplied showing the pitiable condition of medical practice—senseless and destructive of human life—but the scholarly Dudgeon, in few words, gives us the conclusion of the whole matter.

He says: "From want of a guiding principle for ascertaining the curative properties of medicines, therapeutics had degenerated into a senseless farrago of uncleanness and absurdity, a caput mortuum of inert rubbish, a cesspool of filthy abominations, and a torture chamber of painful and noxious appliances. But, though some of the grosser elements were discarded by the contemporaries of Hahnemann, the therapeutics of his time, and for many years afterwards, remained as irrational as ever."

We add to this a word from the genial Oliver Wendell Holmes, genial to everything save the new school. He refers to the past of his own school as a "burnt district." Here and there a tree may be standing, but the eye ranges over charred and lifeless trunks with their feet in the ashes of their leafy raiment."

This, then, was the condition of medicine when Hahnemann, like the shepherd lad of Bethlehem, went forth single-handed and alone to battle with the giant errors which until then had prevailed. Had Hahnemann but exposed and overturned intrenched error alone, he would be entitled to all the honor a deliverer might receive from a grateful people, but he did vastly more than this, he founded a system of scientific therapeutics, based on natural law, as we believe, written by the hand of Almighty God.

It will be entirely pertinent at this time to inquire. What does modern medicine offer in the way of systematic therapeutics, and what relation does it bear to homoeopathy?

Gladly we admit, not the destructive and abominable measures of Hahnemann's day and for nearly a half century later,—not

the drugging and shedding of human blood (the leading medical journal of the world is still called *The Lancet*) as counted for science in that halcy on period, but distinctly included under two propositions, briefly stated we have *Medical Nihilism* and *Homœopathy*, confirmed.

No judgment can be more historically accurate than that which is founded on that ad hominem principle of the Sacred Code, "Out of thine own mouth will I judge thee." (Luke xlx, v. 22.).

To this end, I will first offer in evidence a deliverance of Dr. Osler, recognized as the present leader of modern medicine, who says. "A new school has arisen which cares nothing for homeopathy or so-called allopathy, but has firm faith in a few good well-tried drugs, little or none in the great mass of medicine still in general use." Again he remarks, "He is the best physician who knows the worthlessness of most medicines." We feel like using the homely phrase, "Speak for yourself, John."

Dr. Billings, recently president of the American Medical Association, remarks, "Drugs, with the exception of quinine in malaria, and mercury in syphilis are valueless as cured." Then follows Dr. Cabot, of Harvard Medical School, in an address (to his credit) before the Boston Homeopathic Medical Society, who said, "I doubt if you gentlemen realize how large a proportion of our patients are treated without any drugs at all, and how little faith we have to-day in the curative power of drugs." In fact, the present nihilistic attitude of medicine has been summed up by a member of the dominant school as "Osler's black, hopeless, helpless, therapeutic pessimism."

It seems to me one need go no further a substantiate my first proposition, that the new medicine as announced by its sponsors, is simple nihilism, except as pertains to the two or three drugs mentioned, which I shall show, are used in entire accordance with the principles of homoeopathy.

The proofs are overwhelming. Billings, just quoted, might easily have discovered why these two drugs, which compose his whole working materia medica, are so successful. The answer is furnished

in Potters' (old school) Materia Medica and Therapeutics, p. 342, in which he fortifies his own opinion on the action of mercury, by calling in the testimony of a much quoted author on materia medica, as follows. "Indeed, as Dr. Ringer said in the earlier editions of his Handbook of Therapeutics, the phenomena produced by mercury are singularly similar to those which result from syphilis, and the serious symptoms known as secondary and tertiary syphilis can be produced both by syphilis and mercury."

Why not say, gentlemen, in common honesty, that "this drug is absolutely homosopathic to the disease it cures," and we would supplement your statement with the declaration that this is true of all drugs in their relation to disease. Men of the intelligence of Drs. Billings, Potter and Ringer should have recognized this instantly.

As to the second member admitted to this select pharmacopæa, quinine, it is enough to note that it was the singular similarity of the effects of this drug to the malarial disease it was heralded to cure, that was responsible for the discovery of the homeopathic law itself. So thus far in our inquiry, we have encountered nothing but homeopathy out and out.

Well, then, let us see what principle underlies the major section of the new medicine as practiced to-day with such thrilling enthusiasm by our colleagues of the dominant school, namely, the employment of vaccines of serums.

Let us note, first, however, that cowpox vaccination for or against smallpox, although not of recent origin, is homeopathy pura and simple, and its efficacy can be explained on no other theory or principle.

But to proceed. It was Pasteur, although not a medical man at all, who laid the foundation for all of this modern therapy, save vaccination. Upon the announcement of Pasteur's discoveries the medical profession, as we well know, started on a wild hunt for germicides, but with very indifferent success. After much hard work in the laboratory, however, with confirmatory clinical observations, something like a working basis has been evolved.

Theobald Smith, of Harvard, obverves (Journal of A. M. A., 1906):
"We have not only iretracted our steps to the whole bacillus, but even to the living attenuated bacillus. . . . to the old first principle of Pasteur." Now, my colleagues, What is this principle that Let no less an authority than Professor von Behring, of Berlin, answer this momentous question. This fearless savant, this imperial meeker after truth, answers it thus:

"In spite of all scientific speculations and experiments regardng smallpox vaccination, Jenner's discovery remained a stumbling block in medicine till the biochemically thinking Pasteur, devoid of all medical classroom knowledge, traced the origin of this therapeutic block to a principle which cannot be better characterized than by Hahnemann's word, homcopathic. Indeed, what else causes the epidemiological immunity in sheep, vaccinated against anthrax, but the influence previously exerted by a virus similar in character to that of the fatal anthrax virus? And by what technical term could we more appropriately speak of this influence exerted by a similar virus than by Hahnemann's word, homeopathy." Von Behring, in the same article further says: "I am touching here upon a subject anathematized until recently by medical pedantry; but it I am to present these in historical illumination, dogmatic imprecations must not deter me. They must no more deter me now than they did thirteen years ago when I demonstrated before the Berlin Physiological Society the immunizing action of my tetanus antitoxin in infinitesimal dilution." And further on the discoverer of diphtheria antitoxin concludes: "If I had set myself the task of rendering an incurable disease curable by antificial means, and should find that only that road of homeopathy led to my goal, I assure you dogmatic considerations would never deter me from taking that road."

These brave admissions, that the new therapy is founded on the law of similars, is matched by the generous words of another brave and gifted man, Dr. Cabot, of Harvard Medical School He says, in a defense of his own craft: "It has been just to charge. our school in the past with the absence of any principle or therapeutics, and to contrast the order and system of homoeopathic treatment with the helter skelter, omium gatherum of merely empirical methods. But the contrast is no larger just. Homoeopathy has a well-defined law which has been established empirically and is constantly and properly being subjected to re-verification through careful experiments. We also, at last, after much groping and long years of work, obtained a law of therapeutics, a principle of therapeutic effort, namely, the principle of immunity—natural and of the means by which it may be attained, augmented, protected."

It is generous to accord us our claim to natural law as the basis of our therapeutics, but as pointed out by McConkey, of San Francisco, in his admirable paper the credit of this new principle must be given to Pasteur, a scientist, and not a member of any medical school, and as shown above by von Behring, is simply the law of similars, as discovered by one Samuel Hahnemann.

But there are other noble men, who dare admit the truth, and I shall quote but one more in this connection. Dr. Amalio Gimeno, Professor of Therapeutics in the Faculty of Medicine in Madrid, and former Minister of Public Instruction, has recently issued the following remarkable statement: "As the author of a treatise on therapeutics that I published twenty-five years ago at Valencia, which became classic in the Spanish Faculties, I deplore sincerely having consecrated several pages to unjust attacks against Hahnemann and his disciples, and I would like to be able to-day, to tear these pages from my book. Modern discoveries, however, will charge themselves with the care of correcting them. It is most proper that we should venerate the grand figure of Hahnemann who discovered that which subsequent events sanctioned." It has truly come to pass that modern discoveries are correcting the unjust estimate of Hahnemann and homoopathy, by proving that modern therapeutics, in so far as they are successful, are founded on the law of similars.

We must not fail to make our acknowledgments and express our gratitude to the earnest, fearless men who have extended the confines of our knowledge along practically new lines, and have been manly enough in many notable instances to admit that the meaning of it all is a confirmation of this law of similars.

Having mentioned something of the state of medicine in Hahnemann's time, and the present day development, it logically follows that we should now consider our own cause from our own point of view, and this we shall do quite briefly.

We are here to-day to affirm that the great central truths brought to light by Hahnemann and laboriously developed by him, not as a single discovery, but as a result of years of patient experimentation and inductive reasoning, is a coherent system of medicine founded on natural law.

We must, in the beginning, clearly distinguish the difference between the Science and the Art of Medicine. Dr. Wm. Boericke, in an excellent paper, recently published, has also called our attention to the necessity for this.

The science of homoeopathy or of medicine, if you please, has for its foundation a definite principle fairly well expressed by the formula similia similibus curantur. It is pertinent to inquire, why should this be called a law of cure. We answer, because repeated experiments on the healthy human body with drugs, establishes the fact that they produce symptoms or conditions precisely similar to the symptoms and conditions which we find in disease. That this is true not of mercury and quinine alone, or any other one or two drugs, but of all drugs. As a striking example of the similarity of drug effects to that of disease, I will only mention the well known similarity of the poison ivy to erysipelas. But this is not all: Many persons who have been poisoned with the ivy, assert that for years after the original poisoning they have recurrence of the eruption. We know this is also true of erysipelas, showing how remarkably the effects of drugs simulate or correspond with those of disease.

What more likely or more reasonable than that this inherent and persistent quality in drugs and medicinal agencies in general is the key and guide to their application to disease. In individual cases, from Hypocrates down to Billings and Ringer and Osler

this has been admitted, but it was Hahnemann alone who, by methods of science and philosophy, demonstrated that it was a general truth, as applied to all drugs.

Secondly, the truth of this cardinal generalization has been tested and affirmed by thousands of reputable practitioners during the last hundred years, and is susceptible of proof by any competent observer at any time.

The Science of Homeopathy, therefore, rests upon the basis of natural law.

The practice of homoeopathy, however, as of any system of medicine, is distinctly an art, and as practitioners of a scientific method we follow, or should follow, the rule of practice evolved by Hahnemann (and it is the only way he ever expressed it), namely similia similibus curentur "Let likes be treated by likes." Right here the difficulty lies, "Art is long," and in this case the difficulties in the way are great. A Materia Medica in its broadest sense, must not only be created, but mastered, and one must have the ability to intelligently use it. Wanting in this, many a practitioner even when a firm believer in homocopathy as a science, fails in the application of it as an art, and is driven to the use of all sorts of palliatives and adjuvants, as a consequence. The creation of a Materia Medica was a great work. Following the suggestion of the distinguished Albrecht, von Haller, Hahnemann proceeded to find the genuine sphere of drug action by provings on the healthy human organism, and the correctness of this method is now freely admitted by scientific men of all shades of medical opinion. We find a confirmation of this necessity in the experiments reported by Vaughn and Novy, p. 26, with regard to the action of bacteria, "A given bacterium may not multiply in the blood of a dog, and failure to do so is by no means proof that the same organism might not cause disease in man." This is also true of drugs, and hence the necessity pointed out by Haller, and carried out by Hahnemann, for the creation of a Materia Medica founded on the proving of drugs on healthy human beings.

I mention another corollary quite necessary to the successful application of our Art, and that is the preparation and proper method of applying drugs.

Hahnemann early found that the administration of crude drugs, when in accordance with the law of similars, was not only ineffective but actually injurious. His experiments and deductions led to the discovery that trituration and dilution greatly increased the medicinal quality of drugs. This generalization has been adopted by his followers as a rule, but late scientific investigation confirms this also. Our dean Copeland has gone into this subject thoroughly, and although I do not quite agree that the effect of infinitesimal doses upon ultimate cells is chemical, rather than vital, still it is most interesting to observe the attention given by modern scientists to the wonderful power of infinitesimals. I cannot refrain from quoting Dr. Cabot once more, referring to the use of tuberculin. "The poison of tuberculosis which can produce some of the symptoms of tuberculosis is here applied in small doses for the cure of tuberculosis through the production of immunity, or resisting power in the tissues. Surely, (he says) this is a case of similia similibus curantur, as homocopathic writers have pointed out. The use of bacterial vaccines in infectious diseases recently produced by A. E. Wright, is distinctly homoeopathic. But the revival of tuberculin therapy within the past ten years, after its abandonment in 1890, illustrates the victory of another homoeopathic doctrine within our school. I mean the doctrine of the occasional utility of very miuute doses. What dose does he (Trudeau) use? Not the 10 mg. often employed in the early nineties, not even the 1 mg. or the ½ mg. recommended later. At present he begins his treatment in non-febrile cases with one ten-thousandth of a mg. and in febrile cases with one one-hundredth-thousandth of a mg. fixes this dose? Precisely the homoeopathic principle, viz., to produce a definite good effect without any observable ill effects."

Much more to the same purpose from highest authorities could be added, but time and space forbid. Enough to know that all modern research reveals and confirms the potency of imponderables.

¥

How medicines, especially infinitesimals, act, has been a bone of contention always. We are somewhat familiar with Hahnemann's explanation, based practically on the vitalist theory, and he has many able supporters to this day. We take for granted that disease is, at least primarily, and from whatever cause, a disturbance of function, as Hahnemann in 1813 declared, i.e., "as the condition of the organism and its healthy state depend solely on the state of life which animates it, in like manner, it follows that the altered state, which we term disease," etc., etc. This principle is confirmed nearly a century later by the founder of cellular pathology, the great Virchow, when he announced the doctrine, as late as 1897, that "pathology is but a branch of biology, i.e., disease is life under altered conditions."

Whether medicines act on the organism chemically or not, we may be quite sure that the "state of the life that animates it" is an important factor. The once familiar phenomenon of the fly blister, might well illustrate this truth. The application of the Spanish fly, as was often obverved, to the person whose vitality was well up to the standard, was quickly followed by the desired blister; when the vitality was at a low ebb, the expression was "it does not draw well"; and when life was extinct there was no effect at all. The chemical composition of the plaster was the same and of the body surface remained the same.

But it is most interesting to note some modern efforts to explain the *rationale* of disease producing agencies and remedial measures as well.

The bacteriologist affirms, that diseases are caused by the toxins produced by the active bacterial germs on receptive cells.

That toxins are formed in plants in a corresponding way, is now strongly intimated by competent authority, as follows: "Poisons may be produced by the cellular activity of bacteria much the same way as morphia is formed in the poppy." (Vaughn and Novy, Cellular Toxins, p. 22, quoted by Dr. Dean Smith, of Ann Arbor).

Now, while the eminent gentleman just quoted, and their fellow scientists, Wasserman, Weigert, Cushney et al., are endeavoring to

find a reasonable hypothesis for the action of poisons, and while it may be found that disease germs act, let us say by the production of toxins, or disturbed cell chains. (Erlich) or what else, let us "thank God and take courage," that drugs and other effective agencies do produce on the human organism a reactionary impulse towards health, and of this we have ample proof.

It does not follow, in order to be a thorough believer in the science and Art of Homœopathy, that one must accept all of Hahnemann's theories. The exact amount of method of dilution may properly be questioned, yet we need not hesitate to accept the fact, that trituration and dilution do increase the curative power of drugs. We need not agree that the thirtieth is the only, or even the best dilution, nor is it necessary to believe that repeated succussion without dilution is all that is necessary to develop the curative power of a drug. Jenichen, we find, prepared his four-thousandth dilution by succussing the fourth, four thousand times, and there have been other honest enthusiasts whose pharmaceutical methods have been equally misleading, and at variance with Hahnemann's careful instructions.

The minute doses of homocopathy have ever been the stumbling block to its adoption, especially after the germ theory (which was foretold by Hahnemann in discussing the probable cause of cholera) was propounded by Pasteur. For a time the germicide was the only thing in the treatment of disease, and if so, to what purpo se was the infinitesimal dose of homocopathy? This germicide method, however, has been short lived, and the serum therapy in infinitesimal doses based on the more rational principle of similia, is now in the ascendant.

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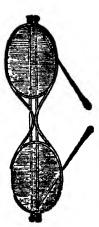
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HOMEOPATHIC REVIEW.

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Vol. XIX.]

JUNE 15, 1910.

No. 6.

THE CALCUTTA HOMEOPATHIC HOSPITAL

There was a notable gathering on Monday evening at 265 Upper Circular Road, to witness the ceremony of laying the foundation stone of the Calcutta Homeopathic Hospital by His Highness the Maharaja Bahadur of Darbhanga. Among those present were Sir Gooroodas Banerji, Raja Peary Mohun Mukerji, the Hon. Bhupendrda Nath Basu, Mr. James Luke, Prince Buktear Shah, Moulvi Mahammed Yusuff, Shamsul Ulma Moulvi Ahmed, Mr. R. N. Mukherji, C. I. E., Maharaja-Kumar Banwari Ananda, the Hon. Mr. Radha Charan Pal, Rai Yotindra Nath Chaudhuri of Taki, Mr. N. Gossain, Barat-law, Mr. K. Majumdar, Bar-at-law, Dr. Aghore Nath Chatterji, of Hyderabad, Mr. J. M. Banerji of the Deaf and Dumb School, and Drs. P. C. Majumdar, D. N. Roy, R. G. Kar, J. N. Ghosh, S. K. Bose, J. N. Majumdar, G. L. Gupta, S. K. Nag, K. L. Bagchi and others.

The President after declaring the meeting open, requested the Secretary Dr. D. N. Roy to read the report which ran as follows:—

SECRETARY'S REPORT.

It is now nearly fifty years that Homeopathy has been in existence in Calcutta. From the time of Berigny and Tonnere it has gradually spread throughout the length and breadth of our metropolis and has now entered into the most remote parts of the country. To-day we are here to witness the laying of the foundation stone of an institution which, we hope, will start a new era in the history of Homeopathy in India. And this function is performed by no less a person than His Highness the Maharaja Bahadur of Durbhanga, the premier nobleman of Bengal.

The promoters of the institution have been working for the last ten years but nothing definite could be done before last September when they formed themselves into a committee and registered themselves as the Calcutta Homeopathic Hospital Society. The following are the first members of the institution:—

President—Raja Pearymohan Mukerjee, M. A., B. L., C. S. I. Vice Presidents—Roy Narendra Nath Sen Bahadur and P. C. Majumdar, M. D.

Secretary-D. N. Ray, M. D.

Assist. Secretaries-B. B. Chatterjee, M. B. and

J. N. Majumder, M. D.

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Paresh N. Chatterjee, L. M. S.

Babu Russick Lal Mullick.

S. Goswami, M. D.

S. K. Nag, M. D.

Samsul Ulama Maulvie Ahmed.

In the construction of this Society we had had the help of some eminent lawyers. Our grateful thanks are due to Messrs. B. Chakravarti, S. R. Das, B. K. Lahiri and K. N. Majumdar. Just about this time one of Dr. Roy's patients, Rani Kustoor Munjari Dassi of the renowned Postha Raj family came forward and made the munificent gift of this plot of ground at a cost of over twenty-two thousand rupees. Besides we have either been promised or already have realised the following donations and subscriptions:—

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Babu Kunja Behari Ghose (in the name of his wife)	3000
Srimati Barahini Debi (in memory of her late father	
Dr. Behary Lal Bhaduri)	1000
Babu Nava Kristo Kar	1000
Babu Devendra Nath Thakur (by his son Akshaya Coomer	
Thakur, Attorney-at-law)	500
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" C. S. Das, Bar-at Law	•••	300
Babu Bijoy Chandra Sinha	•••	300
" Surendra Mohan Singh	•••	250
··		

Besides small donations and subscriptions amounting to about Rs. 1000.

The late Maharaja Sir Jotindra Mohan Tagore promised us a large donation. We also expect some help from His Highness the Gaekwar of Baroda but unfortunately His Highness is just now away in Europe.

The late Maharaja Bahadur of Tipperah also promised to help us.

This, gentlemen, is briefly the position of affairs just now.

From the appeal already handed to you, you will find that for the building alone we require about Rs 35000 and for the maintenance of at least 30 beds, we need a little over a lakh of rupees.

In conclusion, ladies and gentlemen, I beg to thank you for your presence here to-night and for your kind patronage and support.

The President of the Committee, Raja Peary Mohan Mukherjee, M. A. B. L. then delivered the following address requesting the Maharaja of Durbhanga to lay the foundation stone:

To His Highness

MAHARAJA SIR RAMESWAR SINGH BAHADUR OF DURBHANGA, K. C. I. E.

SIR,

Judged by the number of its devotees Homeopathy may be said to have taken firm root in the soil of Bengal. only in large cities and towns but also in all thriving villages there are numbers of homeopathic practitioners who ministering to the wants of persons afflicted with diseases render yeoman's service to the cause of humanity. The low price of medicines, the relish of the medicines, the speediness of the cure and the immunity from the after-effects of drugs are recommedations which give the homeopath preference over other practitioners. Adequate initial training of practitioners is now given within a limited sphere by more than one medical school. The great want of Homeopathy is a well equipped Hospital where endless poor people can get more attention and better treatment than their means can afford. A number of homeless and destitute people badly suffer and die every year for want of medical aid. An institution of this kind will be a great boon to them.

But independently of its relieving individual suffering, a hospital fulfils other important functions. It is the best training ground for medical students, the arsenal where doctors forge their arms and weapons wherewith to do battle with disease and suffering. It affords means for the collection of a vast amount of clinical material and statistical information which would be of immense value to the profession. The committee therefore welcome with gratitude the gift of about a Bigha of land at 265 Upper Circular Road by Rani Kasturi Manjoori Dassi of Posta for the establishment of a Homeopathic hospital. When by the blessings of Providence a suitable structure will adorn this site, it would be a lasting memorial; of the

munificence of the benevolent lady and at the same time an institution where thousands of our countrymen afflicted with disease and infirmity may be restored to health and capacitated to return to their ordinary vocations. The committee fervently hope that the sympathy and support of the charitable public will enable them to complete the construction of the building at an early date. There is nothing in our social organisation on which we may more legitimately pride ourselves than on the number, usefulness and even magnificence of the many hospitals in this city that owe their existence to private charity. It is therefore with full confidence that the committee hope that ample funds would be available to carry out the present undertaking. To them it is indeed matter for felicitation that the premier nobleman of the province, ever foremost in encouraging and supporting works of public beneficence, has kindly agreed to take upon himself the principal part in the function of this evening, With hearts filled with the best hopes for the future and praying for God's blessing on a work that is begun to-day under such happy auspices, we request your Highness, to lay the first stone of the building.

LAYING OF THE FOUNDATION STONE, &c.

After the ceremony of the laying of the foundation stone of the new Hospital had been accomplished by His Highness the Maharaja Bahadur of Darbhanga, he said:—

I have to thank the President and the Committee of Management of the Calcutta Homeopathic Hospital Society for what I consider the high honour of being invited to perform the ceremony of laying the foundation stone of your new Temple of Healing. This foundation stone has now been well laid and I trust that thereupon will be erected a noble superstructure which will endure for generations as an

Institution where human suffering will be alleviated, and patients cured by the scientific treatment which your medical system has proved itself able to accomplish.

- 2. Not only will the hospital deal with the patients and their diseases, but it will form a valuable school for the training of medical men, enlarging their experience of the best and most successful methods of treatment, avoiding the failures of the past, and ever pressing forward along scientific lines of research to gain a fuller knowledge of the laws of health, and by tracing the subtle forms of disease to their inmost, learn to destroy them altogether.
- 3. The Science of Homeopathy has made wonderful strides since Hahnemann made his great discovery of the law "Similia Similibus Curentur", although even yet there are only twelve homeopathic hospitals in the British Isles. Now, however, a forward movement is being made in England and a National Homeopathic Fund has been inaugurated to spread amongst the people the knowledge of the beneficial results which have followed the system wherever it has been adopted.
- 4. I have nothing to say against Allopathy or any other medical school, but I think it is a great pity that in the past the rival schools of Allopathy and Homeopathy have treated each other as enemies instead of friends co-operating together side by side in the work of preventing disease, raising the tone of the public health, and spreading abroad the knowledge of a rational way of life, as well as by applying the healing art to all afflicted ones.
- 5. I observe that Lord Mayor Truscott when presiding at a meeting at the Mansion House, London, a year ago, held to inaugurate a National Homeopathic Fund, observed "that many medical men were getting tired of the present use of drugs. There was a great disposition to set drugs on

one side altogether. It was the desire of the meeting, he continued, to try and bring a battering ram against the old partition which had been erected between the two great methods of Allopathy and Homeopathy". I cordially endorse these sentiments, and I believe that physicians generally of whatever school they belong to have begun to look with more friendly eyes on one another as co-operators together in the great work of preventing and of healing diseases.

6. And here may I venture to throw out a suggestion. We have had a Parliament of Religions in India where representatives of all creeds met in a friendly spirit, each one discoursing upon the tenets of his own particular form of religious creed and worship. That conference did nothing but good. It helped all the members to understand each other and their ways of looking at spiritual things, and they departed with the conviction that all of them had a great deal more in common to unite them in spirit, than they had to divide In like manner would it not be well to have a similar kind of Convention or Parliament of medical practitioners of all the different schools-Allopathic, Homeopathic, Aurvedic, Yunani and others to meet in friendly conference, and let each get acquainted with the others. From diverse schools, they might give each an epitome of his own experience in the art of healing, the medicines used with good effect in various forms of disease, the preventive methods adopted, together with discoveries they have made along the line of original research. All the representatives at such a Medical Parliament would be all inspired with one common spirit, viz, how best to prevent and cure disease; how best to improve the national health. As I have said I merely throw out the hint, but I am certain if such conferences were held in India, the result would be that enmity between the various schools would cease, and instead thereof a spirit of fraternal co-operation

would be fostered which would tell for good to suffering humanity and to the country at large.

- 7. I have seen a story related regarding the doctor who was medical adviser to the late Earl of Beaconsfield. He was charged by the members of the Allopathic school in which he was brought up, with giving the Earl some Homeopathic medicines. His reply was to the following effect. "Gentlemen, my duty towards my patient is to cure him. I have found in the course of my practice that certain medicines have beneficial effects in certain ailments. I care not whether it is labelled by a Homeopathic or an Allopathic name." That is common sense and medical skill combined and I trust the teaching of the story will not be lost upon the young medical men present.
- 8. The practice of medicine in bygone times was largely, in many cases, merely a system of trial and error. If one mixture of drugs did no good then another and different mixture was tried. The patient was simply experimented upon until his poor body became a perfect druggist's store. If he survived, well and good. If he died there was no one hanged. This reckless and unscientific method is fact going by the board. And Homeopaths may, I think, rightly claim that they have been the pioneers of the more humane and scientific system of medical treatment which now obtain in all the great medical schools.
- 9. I congratulate you on the literature which your school has already produced, and on the instructive weekly and monthly journals which bristle with the triumphs of Homeopathy in all the fields of disease which afflict humanity.
- 10. I observe that the site on which we now stand was gifted to the Society by that noble-hearted lady Ranee Kashturi Munjuri Dasee of Posta at a cost of Rs 22,000, and her name will be held in everlasting remembrance by all

who come within the ministry of healing in the hospital now to be erected.

- 11. Your immediate aim is a modest one. The Hospital is, I understand, to be a one-storied building costing about Rs. 35,000, and an appeal has been issued for subscriptions to cover this amount. This need not be a difficult task. With my old and esteemed friend Raja Peary Mohan Mookerjee as your President, himself a scientific Homeopathic expert of no mean repute, backed by a strong committee of able and well-known men in the medical world, the task of raising the needed sum should meet with a hearty response.
- 12. Gentlemen, again thanking you for the honour conferred upon me this day, I conclude by hoping that the blessing of Almighty God may rest upon the Hospital, and all for which it stands as the symbol, and that it may long continue to be, in the words of your Appeal, "the home of needy and poor patients and the nursery of trained Homeopathic Practitioners".

POISONING BY KEROSENE OIL.

By P. C. MAJUMDAR, M. D.

An elderly gentleman of robust frame had an attack of rheumatism long ago. He was under my treatment in August 1905 and was cured. He was working hard again in cold and damp and got a fresh attack of rheumatic pains and fever. This time he was advised by a friend to rub kerosene oil over the affected parts. This did him good for the time being. In a few days he felt pain in various parts of the body and he used to rub the oil over the whole body. He used to feel a sort of pleasurable feeling and pains were relieved. He continued rubbing the oil and in this way passed the whole rainy season.

One day I was suddenly called by a young homeopathic physician of that locality to see the gentleman who, he said, had been very ill. We observed the following symptoms:—

Fever high, temperature ranging between 103 and 105. Rise of temperature in the afternoon. Vomiting of food, could not retain anything, erysipelatous inflammation of the left leg from the ankle to two-thirds of the leg, left foot from toes upwards gangrenous, violent thirst for large quantities of water, tongue thickly coated, yellowish and dry, complained of burning pains over the whole body, slight delirium with drowsiness. Bowels constipated. We gave him two doses of Nitric acid 30.

Next morning the fever was less, temperature 100 F. but delirium profound, complete stupor, breathing sterterous, pulse thready and frequent, inflammation spreading and gangrene offensive. Opium 200, no response. In the evening temperature was very high 106°5. Breathing hurried, pulse almost imperceptible. Pyrogen 200 every 2 hours. Temperature and pulse better, gangrene clearing. At night he was worse again and died at midnight. This happened in December 1909.

A CASE OF GANGRENE OF THE SCROTUM CURED BY SYPHILINUM.

Babu B. Bhattacharge had eczematous eruptions all over his body from a long time. He was always treated homeopathically and was improving. A friend of his advocated application of kerosene oil to these eruptions. After applying it for a week he noticed that these eruptions became highly red and very sore and painful. He stopped the oil. However some of these eruptions assumed the sizes of an abscess. Some of these abscesses burst and healed under Hepar s. 30. Suddenly one day he noticed redness and

inflammatory swelling of the scrotum. Some oil and other things were applied but to no effect.

He used to get fever at night, pains were very severe, burning in character. He applied poultice over the part which was suffused and burst. I was called on the 7th January 1910. Inflammation gone down but a very unhealthy ulceration appeared in the part. I gave him a dose of syphilinum 200 and placebo. He commenced improving. I had to give another dose after a week because cicatrization did not take place in time. I enquired whether the gentleman had syphilis before but he denied. In this case use of kerosine oil was not of long duration. A good deal of gangrenous matter came out of the scrotal tissue.

MANGANUM.

Both Manganum acet and carbonicum have been used in medicine. It was proved by Hahnemann himself. It is a grand remedy when strictly indicated. Its action on the blood resembles very closely iron—Ferrum met. It is very successfully used in cases of anæmia especially where Ferrum fails. Blood corpuscles are not plenty and anæmic and cachectic appearance of the patient is very well marked.

Its mental symptoms are peevishness and ill humor, weeping and despondency, low-spiritedness. It is thus useful in many mental states of children during their illness. Headache is of a boring and pressing character aggravated in open air and ameliorated in warm room.

In many ear affections Manganum is a powerful and efficacious remedy. Catarrhal deafness has been often cured with it. Dr. Clarke has the following symptoms of deafness. Dull hearing; dry throat with hoarsenss, itching in ears.

loud rumbling aggravated at night, right ear crackling on blowing nose; Deafness in damp weather. The last is a guiding symptom. Dr. Cooper gives the following earcases in which Mang. alb. has proved curative. (1) A nodous appearance of malleus handle; thickened irregularly with history of bilious headaches and of previous discharges from the ears. The tympanum has a granular appearance. Purple glazed appearance of malleus handle which is thickened and prominent. (2) Ohronic periostitis of the mentus and middle ear, with otorrhea, left ear. (3) Otorrhea with ear-ache, pain shoots up from teeth to ear; the ear-ache is worse after early dinner, up till 8 to 9 P. M. (4) sensitive ears, takes cold and gets headache; history of gall-stones and jaundice; whistling tinitus worse in cold &c.

So in cases of otitis and deafness Manganum is a wonderful remedy. Ear affected by cold is a guiding symptom. Bones are very much affected. Guernsey summarises the effects of Mangan thus. "The bones are very sensitive; red spots on the skin which are elevated, owing to the affections of the bones. Ankles are particularly affected; children may have this trouble and be unable to walk. Typhus fever when parotid gland is swollen and the bones are very sensitive to touch; affections of the internal ear; upper part of chest. Hoarse voice; drawing sensation of the muscles."

Cough ameliorated on lying down is a peculiar symptom and often verified in practice. We have seen this also in Ferrum where cough is ameliorated by lying down, the very opposite of Hyoscyamus.

In laryngial phthisis with anemia we have been able to do much with this remedy, hoarseness and sticky bloodtinged sputa is a characteristic.

In anemic and chlorotic girls with catamenia too early, too frequent, but too scanty, it is very useful.

Rheumatic symptoms with dark, almost blue spots on the skin. Rheumatic paralysis with inclination to run forward if he tried to walk. Paralysis begins below and extends upwards. Pain in the tongue is very well marked; suppuration of skin around the joint is a characteristic of Lippi.

SUGGESTIONS FOR THE MORE PRACTICAL APPLICATION AND TEACHING OF MATERIA MEDICA.

(Continued from page 128, No. 4, Vol. XIX.)

We must bear in mind constantly that a drug produces its action on a living organism by increasing or decreasing the activity of one or more functions. This action depends not only on the size of the dose, but also, more especially with a minimal dose, on the individual susceptibility, dependent in turn on race, sex, age, habits, and inherited or acquired predisposing factors.

It would lead me too far to enter here into a more minute consideration of this greatest of all pharmacological considerations. Let me only mention for example, that opium decreases peristalsis of the intestines, producing constipation, but at the same time we know that it increases the reflex irritability of the spinal cord. This increased reflex irritability, however, is in the majority of cases overcome by the depressant effect of the drug on the cerebral functions, thus adding to the intestinal inaction characteristic of the opium pathogenesy. In certain individuals, however, this cerebral depression is unable to overcome the heightened irritability of the cord which then predominates with the result of increased instead of decreased peristalsis shown in marked diarrhœa, or at least in one or more copious dejections.

All these apparently contradictory symptoms are among the primary effects of the drug, and not to be confounded with the secondary symptoms occurring later and due in the great majority of cases to over-stimulation resulting in an inhibitory and finally paralytic action.

For therapeutic purposes then, that is, for the study of indications of a given drug, "local symptoms" deserve the fullest consideration, and must be traced back to the primary effects upon those centres for which the drug possesses a selective affinity, or if we prefer to transpose the conception which possess a selective proclivity, to be affected by the drug. The action on the cells of these centres must be either of a depressent or excitory, an inhibitory or stimulating character, both of which, when pushed by repeated or increasing doses, terminate in their opposites the secondary symptoms. The apparent conflict between these and the primary effects is explained by the fact, so frequently seen in all drug-provings, and exhibited so plainly in the great work of Dr. Bellows, that a drug-prover rarely manifests only the primary action. This is explained by the fact that while certain of his cell centres under the influence of the drug are still in the primary stage of stimulation, others, more susceptible, are already showing manifestations of the seccondary stage. These latter manifestations representing the variations from the generally observed effects must be attributable to the peculiarities of the individual and thus characteristic of his particular case. Here we see the relationship between the local or objective signs, primarily produced, and the individual or more remote symptoms following secondarily. but often not in the usual order.

The questions here forcing themselves upon the inquiring mind are to be solved, as I believe, in practice only by methods of physiological study, and it is most certain that

so long as we confine our teaching to the purely empirical method which confronts the student's mind with absolutely inchoate masses of symptoms, he will, unless of the patient and uninquiring temperament, withdraw discouraged from the materia medica and relapse into the current ideas of crude pathology and equally crude empiricism. Unless we can teach our students to think, we shall fail to interest them; but to teach them to think means to give them explanations of the phenomena with which they are called upon to deal.

My hope in bringing this matter forward could be no more than to offer suggestions for discussion, if the subject which above all others should occupy the attention of this society: I could not hope to offer actual instruction.

-The New England Medical Gazette.

HOMŒOPATHIC THERAPEUTICS IN SURGERY.

BY C E. FISHER, M. D., CHICAGO, ILL.

The initial case entering the office of my first preceptor, Dr. Johnson, of Atchison, Kansas, as I began the study of medicine forty-one years ago, was a surgical case, an elderly man whose arm had been frightfully lacerated by being caught by a circular saw in a local saw-mill, and the skilful manner in which Dr. Johnson repaired the injured member and the excellent results which followed his careful homeopathic prescribing for the patient made a strong and lasting impression upon my youthful mind. The dressing was Calendula, the same remedy internally after a few doses of, first, Aconite, and then Arnica.

Likewise, when I attended my first course of lectures at the old Cleveland Homeopathic College, located then on Humiston Heights, in 1870-71, the surgical staff, Professors Schneider, Beckwith and Biggar, all relied strongly upon the homeopathic

remedy in almost every surgical case. Dr. O. S. Runnels and others of that class will doubtless recall how thoroughly it was applied to every possible condition in surgery.

But going back still farther, when my father first contemplated the medical profession for me he wondered if it were not better that I should graduate from the old school first-holding that it would make me "more liberal," "broader-minded" "more catholic in medicine," "more useful to the world," but when the matter was brought to the attention of our then family physicians, who afterwards became my second preceptors, it was promptly vetoed. The elder of the two, Dr. Richard Huson, of Lawrence, had been an allopath for more than thirty years, and his son had been in that profession one-third the time when both were converted to "the better way." Both were alert, quick-thinking men, strongminded, positive in their convictions, conscientious citizens and successful practitioners. Each had held positions of prominence in the old school, and had changed his views only after careful study, long observation, extensive comparisons of results, and at tremendous sacrifice of professional prestige and social position. But they were of sterner stuff and stood unwaveringly for what they knew to be right.

"Why load the youngster's mind with a lot of stuff we are trying to forget?"

"Why pay in time, effort and money for chaff we have discarded?"
"Why make a blunderbuss of the lad when you can as well
make him a rifle-shot?"

"If as a Methodist minister you were going to put him in your profession would you first make him a Catholic?"

These men were trying to get away from "scientific medicine," so-called. They had tried both and were homeopaths of choice. It was not an accepted Homeopathy within limitations, it applied to their surgery as well as to their bedside work. The younger of the two, himself a man of middle years, had been four years an army surgeon in the Civil War. He had carried his Homeopathy with him on the battle-field and it had served him there.

It had met the exacting demands of the day of "laudable pus" and hospital gangrene. His confidence in it as a handmaid to surgery was unbounded—with him and his father the law was a law, not a mere "rule of prescribing," as with many of us to-day, a living, tangible dependable law, to be relied upon in the most desperate emergencies as in the simplest cases.

Doubtless it was my association with such earnest homeopaths as these that has made my convictions upon the value of homeopathic therapeutics in surgery so uncompromisingly positive. Those were the days when Helmuth and Franklin were startling the old school and the West with their surgical accomplishments and skill. The former's dash and brilliancy had just called him to New York, while the latter's combativeness was compelling a respect for homeopathic surgery which our opponents were very slow to give.

Forty years have passed since those student days, and not alone from the impressions I then received, but also from my own rather extensive and convincing experiences, I am about as ardent a believer in Homeopathy in surgery as were my preceptors or the renowned Helmuth and scarce less well known Franklin. Just as Dr. Huson had carried Homeopathy on the field of battle, so had our late Dr. H. C. Allen, our President Foster and many others who might be named, and had won laurels for it and themselves in that trying test, so it has been my pleasure and profit to carry it with me into the battle-field of dynamite and black powder among almost twenty thousand men, and in the very near one thousand who have been mangled and torn I have always been able to find a useful place for the careful homeopathic prescription. The bridge that carries us across the chasm is not to be despised nor forgotten. My bridge has a medical abutment at one end and a surgical abutment at the both. Both are strong, safe, reliable.

The first homeopathic text-book of surgery, published in 1852, before most of us were born, under the authorship of Drs. Hill and Hunt, of the Western Homeopathic College, of Cleveland,

the second of our teaching institutions, is well-filled with excellent homeopathic therapeutics, as is also the somewhat later work of our late and lamented Helmuth, with which the most of us are familiar. In preparing the text for their book the authors of this first homeopathic surgery sent out a great many letters asking their colleagues to report their surgical cases and experiences for the benefit of the book, and throughout the text it is replete with information thus gained.

In discussing Inflammation, we note the following: "The great remedy with which the homeopathic surgeon combats inflammations, the result of external violence, is Arnica montanathe specific for diseases from mechanical injuries." How many of us rely upon Arnica to-day ? I always do.

"When the inflammation is very high Aconitum napellus, that general 'antiphlogistic' of the homeopath, so superior to deplet. ing means usually employed, will be needed, and in some cases Belladonna, Bryonia, Cantharis and Mercurius." No case of mine escapes Aconite and its corrolaries.

In hæmorrhage from wounds Arnica, Diadema and Phosphorus are accounted of value.

China is prescribed where there has been great loss of blood and consequent debility, and also for syncope.

Staphysagria is recommended for the sharp, cutting, burning pains of incised wounds, and in this class Dr. Thorer, of Goblitz, Germany, is quoted as preferring Calendula to Arnica as an external dressing.

Punctured wounds caused by splinters are said to require Aconite, Cicuta, Nitric acid, Silicia and Hepar. But how many of the homepathic surgeons of to-day ever think of Nitric acid or Cicuta for wounds from splinters? Will it not repay us to study our older homeopathic authors again?

Calendula was dwelt upon very extensively as the very best known dressing for lacerations and punctured wounds. It was made by covering the Calendula flowers with a solution of one part Alcohol to two parts rain water, allowing this to stand "until the liquid became medicated." Doubtless it will be held now that it was Alcohol of the Calendulated dressing that did the work and perhaps it was. But, nevertheless, it would be difficult to drive the old practitoner away from a conscientious belief in the efficacy of the marigold, so satisfactory was it in his day.

Belladonna, Arnica, Angustura, Cocculus, Opium, Hyoscyamus, Nux and Hypericum are recommended for tetanus.

In erysipelas, then a common complication of surgery, Belladonna, Arsenicum, Rhus tox, Lachesis, Causticum, Phytolacca and Carbo vegetabilis are quoted as efficient.

To be a little more specific, the following is thought to be worth the while in illustration:

Lycopodium one-fourth of a drop, removed an ulcer on the leg which came after a knock in the region of the inner ankle; had callous edges, secreting a fetid impure ichor; finally occupied the whole of the tarsal joint and caused violent burning pains, especially at night.

Another Lycopodium case is as follows:

"Lycopodium has been beneficial in malignant, inveterate ulcers of the foot, phagedenic ulcers generally occupying the legs. In one case repeated doses of the 5th attenuation were given at the commencement, afterwards one drop of the 3oth."

In still another Graphites 30 began the work, followed after a considerable interval by Sepia-

Lachesis 12th, three times a day, later followed by Arsenicum 12th after a week, produced rapid healing of an ulcer of twelve months' standing.

Silicea 30, one dose, cured a tibial ulcer with involvement of the periosteum and bone brought on by a violent inflammation.

Cancer, fungus hematodes and other malignancies are dealt with as positively and as homeopathically with confidence and success. Surely if these early homeopathic surgeons could secure such excellent results in those unsurgical days, how much more should we, in our better understanding of surgery's foes, do better work than they? I have always found it worth the trial.

We too often hear the senseless and hackneyed expression "Homeopathy cannot saw off a leg nor set a broken bone." But who is there so brainless among us as to intimate that it can? Yet if a bone is broken, or if a leg has to be amputated, that there is a field for homeopathic prescribing immediately opened up is beyond cavil.

Take Surgical Shock, for example! What careful homeopathic prescriber would have very great difficulty in finding the similimum for the following array of symptoms classified by Reed under this head?

Great physical depression.

Surface blanched.

Features pinched.

Distorted expression,

Skin cold and clammy.

Hands and fingers shrunken.

Nails bluish.

Respiration labored.

Respiration irregular.

Respiration imperceptible.

Patient faint, lethargic-

Countenance hippocratic-

Sphincters relaxed.

Secretions suspended.

Intolerable anguish.

and all the rest that go with profound shock. Are we limited to what is known as drug stimulation? Or to this and friction and warmth? Or to this and the assistance of the bar-room? Or is there in Homeopathy a help in the time of need?

In a large experience with shock, due to the most violent explosion injuries and railroad accidents, I have found no help without our remedies that will equal the aid of Arsenicum, Cuprum Veratrum and Carbo vegetabilis.

The frightful anxiety and apprehension of profound shock are amenable to Aconite and Arsenicum.

The flight that so often increases the actual physical shock of injury or surgery responds more readily to Coffea than to Whiskey and Strychnia.

The terror of a dangerous accident knows no more soothing agents than Aconite, Chamomilla and Ignatia.

And so down the line. There is unquestionably a place, and a rightful and helpful place, for good Homeopathy. Nothing that is coarse, crude, empiric or physical will so quickly and ably touch the delicate nerve centres involved in the process of shock as the indicated similimum. Dynamis is better than the sledge.

One of the greatest disappointments of my professional career was the unwillingness of our surgeons to contribute freely of homeopathic therapeutics when the late Homeopathic Text-Book of Surgery was in course of preparation. In a number of instances coauthors in the work declined to have Homeopathy mentioned in connection with their text, and in a few instances the book incurred positive opposition from authors themselves because even a smattering of homeopathic prescribing had been added to their parts. Are we not hiding a great light under a very small bushel?

A quotation from a recent and very !eminent old school book will help serve to strengthen my point. Speaking of surgical shock, "restorative treatment" is stated to consist in bringing to bear every available influence upon the re-establishment of the inhibited vital functions? And as the sympathetic nervous system seems to be the primary factor in producing those phenomena which we call shock, it is imperative that its functions be re-established as speedily as possible.

Just here is where the dynamic potency excels the sledge. The inhibitory centres are already inhibited. Shall they be struck another powerful blow, by a stimulating, contracting, coercing agent? Or shall they be lightly, gently and inoffensively be coaxed, as it were, to a delicate readjustment of vital forces which we can neither see nor understand, yet which too many of us would goad as we would a steed already tired beyond further severe effort?

Aconite and Arnica are my constant helpers for pain and they

serve me well. No surgical case in my hands passes altogether beyond the realm of the homeopathic prescription. There is hardly the chance to individualize carefully in accidents and in operative work, but very often before a case is discharged and more often before it is entered upon surgically, there is ample field for careful homeopathic work; and the proper observance of the simple and effective rules of true homeopathic prescribing has fully repaid me for forty years, and more especially. I may say, since my work became so almost exclusively surgical, just as it used to repay, according to their testimony, our early surgeons in very unsurgical days.

DEATH OF ROBERT KOCH.

HIS WORK ON CONSUMPTION.

By the death of Professor Koch Germany loses the most eminent of her bacteriologists and one of her greatest personalities. The event that brought his name into immediate prominence in the autumn of 1800 was his claim that he had discovered a cure for consumption. His treatment consisted of the introduction of an extract of tubercular bacilli subcutaneously and was followed apparently by the most satisfactory results. Patients flocked to him from all parts of the world, doctors besieged his clinic and from all parts of the world, came message imploring him to send some of his mysterious liquid. The scenes that followed were among the most pitiful of modern times. Patients arrived moribund. man and woman for whom no treatment could possibly be of any avail and implored Koch to save their lives. The hospitals were crowded to overflowing and the patients nervous and fractious from the large crowds of doctors that thronged the wards. Had he wished Koch could have made a fortune by exploring his method. He preferred, however, to let the State equip him with an Institute that should enable

him to continuing working out his treatment and for a time he had to put up with a considerable amount of unfavourable comment for refusing to disclose what the substance he injected was or anything as to its nature.

PROFESSOR KOCH'S RETICENCE.

In an Interview with an old pupil in November, 1890, a few weeks after the new treatment was introduced the Professor said:—

"I discovered the tubercle bacillus eight years ago. It was at first warmly disputed but now it is generally admitted. I have ever since then been engaged in the study of the deadly parasite and in endeavouring to obtain the inoculating fluid, which would kill the bacilli and bring about sufficiently strong and healthy reaction to dispel them from the body without at the same time destroying healthy organs. Of course this latter has been the difficulty. I believe. I have it here,' and Professor Koch held up to view a vial of the inoculating fluid. There is very little use my saying just now what the fluid is or how I have obtained it. It has cost me years of my life, and I propose to retain the secret a few weeks longer from publicity though it is already known to my assistants and to many of my professional friends. Its preparation demands infinite pains and exactness and it is being prepared by my assistant Dr. Libbertz to whom I have confided this important part of my work and I believe I am discreet on this subject with good and sufficient reason. Experience of premature disclosures has made me wise. I calculate that I have wasted one year of my life in combating some captious and not very perfectly conscientious critics of my original work. Were I to publish now in the first stage of my discovery the exact ingredients and the method of preparation of the fluid thousands of medical men from Moscow to Buhnos Ayres would to-morrow be engaged in concocting

it and injecting it for that matter. Is it far-fetched for me then to suppose, as I do, that more than half of these gentlemen are incompetent to prepare the fluid which with special studies and with special opportunities it has taken me years to prepare? Then these experiments might cause incalculable harm to thousands of innocent patients and at the same time bring into discredit a system which I believe will prove a boon to mankind.

I believe I have the right that the first experiment in its use should be made before my own eyes and with the tools which I have made and tested. If these experiments turn out successfully, then the medical world will find me and my elevated assistants only too ready to initiate them into the treatment without the least reserve, but until then it seems perhaps selfish; but I really claim it as at once our duty and the purest unselfishness that they must content themselves to be patient. In the meantime I advise them to be very chary as to the statements which appear in the Press regarding our progress.

DESCRIPTION OF THE TREATMENT.

On January 15, 1891, Koch explained the theory of his treatment and the exact preparation of his fluid. "Before going into the remedy itself," he wrote "I deem it necessary for the better understanding of its mode of operation to state briefly the way in which I arrived at the discovery. If a healthy guinea-pig is inoculated with the pure cultivation of the tubercle bacilli, the inoculation would mostly close over with sticky matter, and appears in the early days to heal. It is only after 10 to 14 days that a hard nodule presents itself, which soon breaking forms an ulcerating sore until the death of the animal. Quite a different condition of things occurs when a guinea-pig, which is already suffering

from tuberculosis, is inoculated. The test adapted for this purpose are animals which have been successfully inoculated four to six weeks before. In such an animal the small inoculation assumes the same sticky covering at the beginning; but no nodule forms. On the contrary on the following or on the second day the place of inoculation shows a strange change. It becomes hard and assumes a darker colouring which is not continued to the inoculation spot, but spreads to the neighbouring parts until it obtains a diameter of '05 to I centimetre. In the course of the next few days it becomes more and more manifest that the skin thus changed is necrotic and it finally falls off leaving a flat ulceration, which usually heads rapidly and permanently without any cutting into the adjacent lymphatic glands. Thus the injected tubercular bacilli have quite a different effect upon the skin of a healthy guinea-pig from that on one affected with tuberculosis. The effect is exclusively produced with living tubercular bacilli, but is also observed with dead bacilli, the result being the same whether they are killed by somewhat prolonged application of low temperatures, or boiling heat, or by means of certain chemicals. This peculiar fact I followed up in all directions, and this further result was obtained—that killed pure cutivation of tubercular bacilli, after being rinsed in water might be objected in great quantities under the skin of a guinea-pig without anything occurring beyond local reaction. Tuberculous guinea-pigs, on the other hand, are killed by the injection of very small quantities of such diluted cultivations, in fact, within six to forty-eight hours, according to the strength of the dose. An injection which does not suffice · to produce the death of the animal may cause extended necrosis of the skin in the vicinity of the place of injection. If the dilution is still further diluted so that it is scarcely visibly clouded, the animals inoculated remain alive. There soon supervenes a noticeable improvement in their condition. If the injections are continued at intervals of one to two days, the ulcerating inoculation would become smaller, and finally scars over, which otherwise is never the case. Further the swollen lymphatic glands are reduced in size, the body becomes better nourished and the morbid processs comes to a standstill, unless it has gone too far and the animal perishes from exhaustion. By this means the basis of the curative process against tuberculosis was established.

THEORY OF THE CURE.

Professor Koch explained that he then had to find a means for distributing the tubercle extract through the body in a fluid state. This he did by means of a glycerine extract. He explained the working of his 'tuberculine' as the substance was called later, as follows:—

The tubercle bacilli produce, when growing in living tissues, just as artificial cultivations do, certain substances which variously and notably unfavourably influence the living clements in their vicinity. Among these is a substance which in a certain degree of concentration, kills the living protoplasm and so alters it that it passed into the condition described by Weigert as coagulation necrosis. In the issue which has thus become necrotic the bacillus finds such unfavourable conditions of nourishment that it can grow no longer and sometimes finally dies. This is how I explain the remarkable phenomenon that in organs which are newly attached with tuberculosis, as, for instance, in the spleen and liver of a guinea-pig which is covered with grey nodules, numbers of bacilli are found, whereas they are rare or wholly absentwhen an enormously enlarged spleen consists almost entirely of a whitish substance in a condition of coagulation necrosis as is often found in cases of natural death in tuberculous

guinea-pigs. The single bacillus, therefore, cannot bring about necrosis at a great distance, for as soon as the necrosis has attained a certain extension the growth of the bacillus subsides, and therewith the provicinity of the necrotizing substances. If now one were to increase artificially in the vicinity of the bacillus, the amount of necrotizing substance in the tissue, the necrosis would spread to a greater distance and thereby the conditions of nourishment for the bacillus would become much more unfavourable than usual. In the first place the tissue which had become necrotic over a larger extent would decay, detach itself and where such were possible, carry off the enclosed bacilli, and eject them outwardly and in the second place, the bacilli would be so far disturbed in their vegetation that they would be much more speedily killed than in ordinary circumstances. It is just in the evoking of such changes that the effect of the remedy appears to me to consist.

MANY-SIDED ACTIVITIES.

The hopes that were entertained—and those of Koch's admirers were far more flamboyant than his own—were doomed to considerable disappointment; for investigations showed that though the effect of the tuberculine on lupus was considerable, it could in no sense be termed a cure for phthisis. And in consequence the attacks to which Koch was subjected were as bitter as the reports of independent observers had been exaggerated on the original cases. As a result of further experiments the tuberculine was improved, much of the danger attending its use was eliminated, and Koch continued to treat tuberculous patients at the Institute with very considerable success.

In the controversy that is still unsettled as to whether bovine and human tuberculosis are intercommunicable, Koch stoutly maintained that there was no danger of tubercle being transmitted from the cow to man, and also argued that the disease was not hereditary.

THE MALARIAL SIMILLIMUM.

Taking the Case—Symptom and Repertory Study-Generals and Particulars.

By W. H. FREEMAN, M. D., Brooklyn, N. Y.

As in all other cases, the malarial must be worked out in the way best fitted to it individually, but always according to certain fixed and definite rules.

The case needs to be carefully examined and the symptoms completely, accurately, and systematically recorded, all of which requires but little time after one has had the proper amount of experience.

A good method of examination is outlined by the following queries.

- 1. Is the paroxysm preceded or ushered in by any symptoms of a peculiar nature?
- 2. Does it present the usual succession of stages, namely chill, fever and sweat? Or, are the stages irregular in their order of appearance, as fever, chill and sweat; chill, sweat and fever, etc.?
- 3. Are the stages mixed, as chill and fever alternating; fever with chilliness; fever with sweat, etc?
 - 4. Is any one of the stages absent ?
 - 5. Is any stage short lasting or unduly prolonged ?
- 6, In what part of the body does the chill begin—in the hands, feet, knees, face, back, or in the entire body at one time?
 - 7. When does the chill begin-morning, forenoon, after-

noon, evening, before midnight or after? At what special hour? Does it come at a regular hour or at irregular times? Does it anticipate or come at a later hour each time? Does it come every day or every second or third day?

- 8. What symptoms are present during the chill—thirst, nausea, pain, sweat, ect? Under what circumstances are they better or worse?
- 9. Fever, its time of onset, time it lasts; symptoms during fever—peculiarities, aggravations and ameliorations of same?
- 10. Perspiration—character, location; symptoms during, &c. ?
- 11. Other symptoms present, aside from those during the paroxysm and their peculiarities and modalities?

Having secured a complete symptom picture, we should pick out those symptoms which are prominent and uncommon and which tend to differentiate the case from all others,

The chief difficulty for the novice lies in the selection of the right symptoms and the right rubrics. The following case can be worked out in about twenty different ways and any of six or more drugs may seem to be indicated, according to the method used. When worked out right, however, it will result in Sulphur.

It will be seen that the largest general rubrics are usedfirst; the smaller and more particular rubrics last; and the very small particular rubrics and combination rubrics ignored entirely—the reasons being explained when considering same further on.

The case to be considered is a somewhat difficult one, a very good reason for its presentation, for by learning to solve the difficult cases all others become easy.

After sufficient time and experience in such work the: majority of our cases can be prescribed for off-hand and the: most difficult work becomes easy as the years roll on. Youth, age 19.

Ailing for about ten days, Blood shows plasmodium.

Chill absent.

Fever every afternoon and evening Temp. 106%. Begins 1 P. M., lasts until midnight. With desire for open air which relieves. Followed by sweat. Thirst large quantities often, during. With dry hot skin. With cold hands during. Bursting headache, during.

Sweat begins during sleep. Lasts all night. Copious, drenching.

Anorexia, Offensive breath, Coated tongue.

Headache bursting. Occiput extending to forehead. Worse during fever. Better bathing head in cold water. Better open air. Better perspiring.

Diarrhœa offensive, thin, yellow. Worse after eating.

The general symptoms of the case are covered by the following general rubrics.

(Kent. 1908 Edition)

P. 1307, better open air. P. 1304, worse ssternoon. P. 1305, worse evening.

These rubrics are covered by about one hundred drugs, too many to transcribe.

Next we will take up the principal individualistic symptom of the case—a particular symptom of general rank.

P. 1246. Absence of chill. Acon, Alum, Ambr., Ant. cr., Apis, Arn., Ars., Bov., Bry., Carb. s, Carb. v., Con., Coff., Ip., Kali bi., Lach. Lyc., Nat. m. Nicc., Puls, Rhus., Spig., Sul., Thuj.

This list of drugs contains only those which are also contained in the three preceding rubrics. It is a complete list of drugs, each of which is found in all four rubrics.

P. 1263, copious sweat. P. 1258, night sweat. P. 530, extreme thirst.

Here are three more particulars of general rank and by elimination from the preceding drug list of those not also contained in these three rubrics we obtain the following:—

Acon, Alum, Ars., Bry., Carbo v., Con, Ip., Kali bi., Lach., Lyc., Nat m., Puls., Rhus., Sul., Thuj.

Next we will consider three particular symptoms which are strongly individualistic, of high rank, and covered by large rubrics.

P. 181, Headache bursting. P. 138, Headache better cold applications. P. 136, Headache better open air, which eliminates from the previous drug list all but Ars., Lach., Nat. m., Sul. P. 166, Headache extending from occiput to forehead. Lach., Nat. m. Sul. P. 146, Headache better perspiration. Nat. m., Sul. P. 638, Diarrhoa offensive. Nat. m., Sul. P. 637, diarrhoa after eating. Sulphur,

Sulphur I m, one dose, was followed by entire relief of all symptoms within two or three days. Two weeks later malaise and slight fever, quickly disappeared after another dose of Sulphur, I m. About six weeks later a slight return of headache with fever and malaise for which Sulphur 45 m. Fincke, was given and there has been no further trouble during the last three years.

(To be continued.)

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A Monthly Journal of Homeopathy and Collateral Sciences.

Vol. XIX.]

JULY 15, 1910.

No. 7.

CONVULSION OR SPASM.

Convulsion or spasm properly speaking is more a symptom than a disease. But it is such an alarming symptom that it very frequently baffles our best efforts and destroys life also as quickly at times. It is due to various causes. Sometimes an unusual excitement or emotion brings on a convulsion. Then again convulsions result from various organic diseases, such as epilepsy, chorea, tetanus, hydrocephalus, meningitis &c. When it is the result of functional derangement, it is set right easily, but even then we must be able to select the similimum, otherwise there will be unusual delay and the patient's life may be jeopardized. In organic derangements we shall have to study the case very carefully and often the right homeopathic prescription will bring about a cure even in very obstinate cases.

We remember of one very interesting case, where the patient was given up as lost by almost all the leading physicians of the town. The patient, a young boy of 16, was having convulsive attacks every 5 or 10 minutes and this state of things kept up for nearly 48 hours. I saw the patient with the late

Dr. Salzer, the pioneer of our cause here at the time. He said that the brain was getting paralysed and death was imminent. I differed with the doctor. He thought of Acid Hydro, but I wanted to give Gelsemium. The doctor very kindly agreed to give Gels. and the patient made a complete recovery.

In such cases it is so difficult to get at the right remedy that we incorporate below a repertory of spasms and convulsions by A. W. Holcombe, M. D., that appeared in the Homeopathic Physician for July 1895:—

Spasms and Convulsions.

Before the attack.

Abdomen bloated. Cup., Lach.

Absent-minded. Lach.

Air, sensation as of, streaming up back into head. Ars. Angry, for several days. Bufo.

Belching. Lach.

Chilliness, then heat. Hyos.

Cloud before left eye, then blindness in left eye. Tarent.

Coldness of left side of body. Sil.

Constriction of throat. Mosch.

Constriction of esophagus and embarrassed respiration.

Constriction in pit of stomach. Æsc-h:

Constriction of throat and chest. Cup.

Contractions, tonic, of muscles. Bufo.

Cough. Virat.-a.

Creeping in the limbs, Stram.

Creeping sensation from neck down back. Lach.

Chill, intense. Tarent.

Drawing in left arm. Cup.

Drawing in limbs. Ars.

Drowsiness. Glon.

Dull feeling in forehead and vertex. Gels.

Dullness and heaviness in head. Cup.

Exaltation of all powers of body. Can.-ind.

Excitable and irritable, for a day. Art-vul.

Eyes sunken, Bufo.

Face grayish yellow. Bufo.

Face grows red. Cup.

Face pale. Lach., Laur.

Feet cold. Lach.

Fullness in region of medulla. Gels.

Gaping. Agaric., Tarent.

Gasping for breath. Laur.

Goose-flesh. Cup.

Grasps knees and screams. Cic.-v.

Grating teeth. Sul.

Headache. IGT., Lach., Stram.

Hasty drinking. Igt.

Head feels big. Gels.

Head swelled over eyes, suddenly, with horrid pain; sensation as if. Tuberc.

Heaviness in head. Lach.

Hungry gnawing. Hyos.

Heat, burning of whole body. Ars.

Intolerance of bed-covers. Mosch,

Irregular breathing. Tarent.

Jaw, lower, dropping of, Laur,

Jerks in back of neck. Bufo.

Jerking of left arm. Cup.

Lassitude, and tired. Gels.

Labor pains cease and felt in epigastrium, Ziz.

Mouse, sensation as if, running through limbs. Sil.

Mouse, sensation as if, running from solar plexus to the brain. Sil.

Mouse, sensation as if, running up arms. Sul.

Mouse, sensation as if, running up back. Sul.

Numbness of left arm and right leg. Tarent.

Numbness, feeling of general. Bufo.

Nausea, followed by chill, gaping, and headache. Kali.-bi.

Nausea, headache and loss of appetite, for some days. Kali.-c.

Nausea and vomiting. Sul.

Oppression of chest. Mosch.

Pain, pressing in fore part of head and over eyes. Ast.-rub. Pains, violent in vertex, some days. Sul.

Pains, cutting about heart, and severe chill. Phos.

Palpitation of heart. Cup., Lach.

Pupils dilated, some days. Arg-nit.

Respiration, hurried and noisy. Cup.

Restlessness, great. ARG-NIT., Mosch., Zinc.

Ringing in the ears. Hyos.

Running, sensation as if, something, in the arms. Calc-c.

Running, sensation as if, something, from stomach through abdomen to feet. Calc.c.

Saliva, flow of Cup.

Screams, Cic-v.

Shaking and twisting of left arm. Sil.

Shrieks, Shrill. Cup.

Shuddering from brain down spine. Tuberc.

Sighing, Plb.

Sings and howls out loud. Hyos.

Sleep, deep. Sul.

Sparks before the eyes. Hyos.

Speaks unintelligibly. Sil.

Speak, cannot. Cup.

Stopped, sensation as if, everything from right ear to top of head. Phos.

Swallow, desire to, with spasm of pharynx. Calc-c.

Taste, sour, metallic, in mouth. Cup.

Tightness of chest, and acute pains, as if spasm of heart. Hydr-ac-

Trembling. Absinth.

Twitching of whole body for days. Ast-rub.

Twitching of arms and legs, few days. Nat.-m.

Unconsciousness, Ars.

Upper lip feels cold and stiff. Lach.

Vertigo. Ars., Hyos., Lach., Plb., Stram., Sul., Tarent.

Vertigo, sudden attacks of Calc-c-

Vomiting of mucus, violent. Cup., Cup-ac.

Vomiting, sudden shriek, then unconsciousness. Hyos.

Vomiting of tasteless water, for some days. Laur.

Weak, becomes so, cannot turn over alone. Sil-

Weeping and laughing alternately. Stram.

During the attack.

Abdomen rises and falls with rumbling. Ars.

Abdomen puffed up. Ars-s-rub., Stram.

Abdomen sunken. Cup-ac.

Alive, seems half. Crot-hor.

Abdominal muscles hard as a board. Hydr-ac.

Abdomen bloated. Merc., Nux-v-

Abdominal muscles retracted. Tabac.

Aching in occiput. Sec-c.

Anguish and pressure in chest. Hydr-ac.

Anguish about heart. Lyc., Tarent.

Arm, rotary motion of left. Stram.

Arms bent at elbow. Cic-v-

Arms thrown from side to side. Cina.

Arms thrown about. Stram.

Arms in constant motion. Sec-c

Arms pressed firmly at sides. Hydr-ac.

Arms jerking. Ip.

Bites tongue. Absinth., Art-vul., Bell., Bufo., Enanthe, Op.

Bites, tongue and cheeks. Igt.

Bandaged, sensation as if the head were, about forehead tightly. Indig.

Belching, much. Igt.

Body, convulsed. Æth-cyn., Agar., Tarent.

Body, bent back and forward, alternately. Bell-

Body, bent sideways. Cham.

Body, bluish tint. Hydr-ac-

Body, bent forward. Hydr.-ac., NUX-VOM.

Body bent backward. Absinth, Acon., Amyg., Ars., Bell., Calc-ph., Cham., Cup., Igt., Lach., Medorr., Nux m., Nux-v., Op., Stan., Stram.

Body, bent backward and suddenly snaps forward. Stram-

Body, cold. Camph., Cup-ac., Œnanthe.

Body, distorted, whole. Nat-m. Verat-v.

Body, insensible to touch. Camph

Body, motion, in constant. Sec-c.

Body, rigid. Acon., Chloralum., Dros., Ip., Medorr, Nux-m., Œnanthe., Sep., Stram.

Body, stiff, Æsc-hyp., Bell., Camph., Cup-ac, Cup. Mag-ph. Nux-v.

Body, shaking. Enanthe., Verat-v.

Body, thrown upward. Igt,

Body, tossed about. Mosch-

Body, twisted and turned continually. Hyos.

Body, twitches. Cham.

Body, twitching of, spasmodic. Nux-v.

Body, twitching and trembling Sabad.

Bloody froth at mouth. Igt.

Breathing hurried and labored. Hydr-ac.

Cheek, one red. and nose cold. Igt.

Choking in throat. Cup-ac.

Closed, left hand, spasmodically. Hepar.

Clutches at throat. Bell.

Clucking noise as from water poured from bottle, from throat down to abdomen. Cina.

Coldness of thighs. Calc-c.

Conscious Grat., Hell., Hepar, Ip., Mosch., Nat-m., Nux-v., Phos., Plat, Sep., Tarent.

Conscious but can't move or speak. GRAPH.

Constriction, spasmodic, of throat. Igt,

Constriction, spasmodic, of chest. Igt.

Contortion of muscles. Cup.

Convulsed, all over. Indig.

Cramp in legs. Verat-v.

Cramp in left hand. Hepar.

Cramping of chest and sense of suffocation. Sep.

Cramps in abdomen and extremities. Cup-ac.

Cries, sharp, from pains in head. Zinc.

Cries when moved. Mag-c.

Cries out. Ip.

Cries, shrill. Cup.

Cutting around navel. Ip.

Deathly pallor. Chin.

Distress in epigastrium. Lyss.

Double vision. Cic-v.

Drawn up like a ball. Cup.

Draws limbs together. Ars.

Ear, right, cold. Ip.

Emission of semen. Grat.

Elbows drawn behind back and held there. Amyg.

Elbows pressed into sides. Stram.

Endeavors to tear everything in reach. Camph.

Eyelids, closed, spasmodically. Hyos-

Eyelids, contracted. Tabac.

Eyelids, paralysed. Hydr-ac.

Eyelids, paralysed, upper. Bell.

Eyelids, puffed, upper. Bell.

Eyelids, twitching. Cham., Igt., Plat.

Eyes, blue rings around. Cup-ac, Igt., Kali-br., Stram.

Eyes bloodshot. Cup-ac.

Eyes constantly moving up and down. Sul.

Eyes dim. Cup-ac.

Eyes distorted. Cham., Hyos, Mosch., Plat, Bell., Sil.

Eyes dancing. Phyt.

Eyes drawn to right. Hydr-ac., Ip.

Eyes drawn up spasmodically under lids. Acon.

Eyes fixed. Hydra-ac, Sul, Tarent.

Eyes staring. Amyg., Cham., Cup., Hyos., IGT., Kali-br.

Ip., Laur., Sil.

Eyes first open, then shut. Ip.

Eyes expressionless. Nux-v.

Eyes open and shut with sudden force. Hyos.

Eyes half open. Op.

Eyes half open and rolling. *Enanthe*.

Eyes projecting. Hyos., Nux-v.

Eyes open and immovable. * Cocc.

Eyes red. Kali-c.

Eyes protruded and glassy. Plat.

Eyes rotated. Tarent.

Eyes snapping. Mag-ph.

Eyes squinting. Tarent.

Eyes rolling. Cup-ac., Zinc.

Eyes sunken. Cup-ac.

Eyes twitching. Stan.

Eyes turned upward. Bell., Glon., Lach., Laur., OP., Plat.

Eyes turned downward. Æth-cyn.

Eyeballs twitching. Cham., Igt.

Extremities cold. Camph., Sul.

Extremities flexed. Bell.

Extremities jerking. Stram.

Extremities twitching. Cic-v.

Face, ashy pale. Cic-v.

Face, bloated and dark colored. Hyos.

Face, puffed Op., Stram.

Face, swollen. Bell., Crot-hor., Ip., Enanthe-

Face, blue. Cic-v., Crot-hor., CUP., Hydr-ac., Hyos., Kali-br., Op.

Face, cold. Cup-ac., Nux-v.

Face, livid. Ast-rub., Igt., Œnanthe.

Face, pale. Ast-rub., Crot-hor-, Ip., Verat-a., Zinc-

Face, pale and sunken. Plat.

Face, distorted. Absinth, Bufo, Caust., Cham, Cup-ac., Hydr-ac., Igt., Ip., Laur., Nat-m.

Face, hot. Laur.

Face, bluish red. Hep., Ip-

Face, red. Æth-cy., Bell., Bufo., Cup., Glon., Gels., Kali-c., Laur., Stram., Verat-v

Face, flushed, then pale, then blue. Stram.

Face, convulsed. Ars, Aur., Enanthe.

Face, sweating. Cup.

Face, right side paralysed. Caust.

Face, red and pale, alternately. Glon., Kali-bi., Œnanthe.

Face, twitching. Ip., Laur., Mosch., Cham-

Features, depressed. Cup-ac.

Feet, cold, Cup-ac,

Feet, drawn up on buttocks. Caust., Cup.

Feet, cannot be touched on. KALI-C.

Feet, extended. Phyt-

Feet, twitching. Stram.

Feet, contracted soles of Verat-a.

Fetid breath. Kali-bi.

Fingers, cramps in. Verat-v.

Fingers, clenched. Mag-ph., Mosch., Nux-v.

Fingers, spasmodically flexed. Kali-c-

Fingers, spread. Glon., Sec-c.

Fingers, spread, of left hand. Glon.

Fever, high. Cic-v-

Fists, clenched across throat. Acon.

Foams at mouth. Absinth., Æth-cy., Ars., Art-vul., Ast-rub., Bell., Cedron., Cham., Cic-v., Cup-ac., Hyos., Igt., Indig., Kali-bi., Lach., Lyc., Medorr., NUX-V., OP., Staph., Stram.

Foams at mouth, large bubbles. Hydr-ac

Foam, from nose and mouth, bloody. Œnanthe-

Flushes of heat, from abdomen to head. Indig.

Forearms flexed on arms. Hydr-ac.

Formication and creeping up left arm. Hep.

Gasping for breath. Laur.

Gnashing of teeth. Acon., Caust.

Grasps at head and chest. Kali-c.

Grasps and reaches with hands. Cham.

Grates teeth. Absinth., Bufo, Cup-ac., Fer-mur., Hydrac., Hyos., Laur., Stram., Tarent., Zinc.

Grimaces, makes. Hyos.

Grinning features. Hyos.

Groans or sighs occasionally. Hydr-ac.

Groaning. Ip.

Hallooing and shouting. Calc-c.

Hands blue. Æsc-hyp.

Hands and nails blue. Nux-v-

Hands clenched. Glon., Lach., Hydr-ac. Phyt., Enanthe., Stram.

Hands clenched, but thumbs not drawn in. Laur.

Hands cold. Cup-ac., Nux-v.

Hands, contortion of, and feet. sec-c.

Hands, alternate contraction of, and feet. Stram.

Hands, automatic motion of, and head. Zinc,

Hands open and shut alternately. Stram.

Hands and feet jerk. Cina.

Hands and limbs jerked upward, Glon-

Hand, left, and foot and right eyelid in constant motion.

Lach

Hands thrown above head and become stiff. Sul.

Hands and feet tremble. Camph-

Hands twitching. Stan., Stram.

Head drawn back. Amyg., Cic-v., Igt., Mag.c., Mosch., Nux-v., Stram., Tabac.

Head bent back and sideways. Art-vul.

Head, constant motion of, and limbs and body. Chlora-lum.

Head, alternately bent back and to side. Igt,

Head, continually thrust to the right, in quick succession. Stram.

Head, moved about from side to side. Sec-c.

Head, nodded convulsively. Nux-m.

Head, jerked up and down on pillow. Stram.

Head, jerked from left to right, and from above down. Igt.

Head, rubbed steadily on pillow. Hyos.

Head, rush of blood to. Chin.

Head, cannot hold up. Cup-ac.

Head, trembling. Igt.

Heart omits every fourth beat. Calc-ars.

Heart irregular and feeble. Hydr-ac.

Headache, constant. Lach.

Heat in occiput. Zinc.

Hiccoughing. Hydr-ac. Igt.

Inspiration short, expiration long and sighing. Ip.

Itching of skin without eruption. Op.

Jaws clenched. Acon., Æth-cy., Ant-t., Ast-rub., Bell., Cedron., Cup-ac., Hyos., Igt., Mosch., Œnanthe, Phyt.

Teeth clenched. Fer-mur., Gels., Hell., Hydr-ac., Tabac.

Jaw, under, thrust forward. Igt.

Jactitation of muscles, great. Ant-crd. Ant-t.

Jerking of limbs. Art-vul. Sep.

Jerking in inner parts. NUX-M.

Jerking of face. Sep.

Jerking, of head, violent. Sep.

Kicking with legs. Igt.

Knees drawn up. Amyg.

Laughing and weeping. Alum., Aur.

Left side of body in constant motion. Lach.

Legs drawn up. Stram.

Lies on stomach. Caust.

Lies on belly and thrusts breech up. Cup.

Limbs, remain in position placed by others. Stram.

Limbs, contracted and stretched out slowly. Stram.

Limbs, continually working. Enanthe.

Limbs-, drawn up to body and then forcibly thrust out. Nux-v., Sul.

Limbs, contracted violently Fer-mur.

Limbs, alternately contracted and extended. Cic-v.

Limbs, cold. Æth-cy., Coff-crd., Nuz-v.

Limbs, convulsed. Ars., Aur., Bufo, Cup-ac., Lach., Ver-v.

Limbs, convlusive movements of. Ast-rub., Cic-v.

Limbs, distorted. Bell., Sec-c., Acon.

Limbs, extended. Bell.

Limbs, flexed and rigid. Hyos.

Limbs, stiff. Bell., Cup-ac., Hydr-ac., Laur.; Mag-ph., Medorr., Millef., Phyt., NUX-V.

Limbs, move up and down alternately. Cham.

Limbs, thrown about. Cham., Caust., Stan.

Limbs, trembling Caust., Crot-hor., Sul.

Limbs, twitching. China., Dros., Lach.

Limb, left, irregular motion of. Cim.

Limb, right, drawn up, lest one perfectly straight. Mag-c.

Lips, blue. Cup-ac., Nux-v.

Lips, averted and firm. Phyt.

Lips, retracted and showing teeth. Hydr-ac.

Lips, twitching. Cham., Ip., Sil.

Lips and cheeks flabby. Nux-v.

Loquacity and laughing. Hyos-

Loquacity, great. Stram.

Mental terror. Cocc.

Moaning or groaning. Sil.

Motions, angular. Hyos.

Motion, muscles all seem to be in. Amyl-n.

Mouth, blue around. Stram, Sul.

Mouth, drawn from side to side. Cham.

Mouth, drawn to one side. Cup-ac.

Mouth, drawn to left side. Glon., Hep., Art-vul.

Mouth, dry. Cup-ac.

Mouth, discharge of brown mucus from. Ip-

Mouth, open, slightly. Laur.

Mouth, open. Mosch.

Mouth, jerking sideways and down. Mag-ph.

Muscles, hard as wood. Cic-v.

Muscles, jerking. Croc-sat.

Muscles, contracted from toes to thighs. Bism.

Muscle, every, in body, in motion. Hyos-

Nausea. Cup-ac., Kali-br.

Nausea and retching (sometimes). Stram.

Neck drawn to right shoulder. Cup.

Neck stiff. Cup-ac., Lach.

Neck and back rigid. Tabac.

Noise in throat as if being choked. Enanthe.

Noises in ears. Laur.

Nose itching. Merc.

Numbness of legs. Plb.

Pain and rigidity of muscles of back. Lach.

Pain, intense in forehead. Cedron.

Pain in calves. Nux-v.

Pain in abdomen and diaphragm. Stan.

Palms of hands contracted. Verat-a.

Palpitation. Cedron., Sec.c.

Paralysis of one side and convulsions of the other. Bell., Stram.

Paralysis of muscles of back. Cup-ac.

Pelvis and limbs turned to one side as far as possible. Lyss.

Picking with fingers constantly. Art-vul.

Pressure in precordial region. Cup-ac.

Prickling and stinging in hands. Æsc-hyp.

Praying and imploring. Stram-

Pulse, small, hard, and quick. Æth-cy-

Pulse, rapid and weak. Bell.

Pulse, irregular. Cedron., Cup-ac.

Pulse, quick and small. Cup-ac.

Pulse, feeble. Enanthe.

Pulse, in long waves. Zinc.

Pulse, wiry. Verat-v.

Pupils, dilated. Æth-cy., Bell., Cedron, Cic-v., Hydr-ac., Igt., Laur., OP., Sec-c.

Pupils, contracted. Phyt.

Pupils, fixed. Æth-cy., Amyg., OP.

Rattling in chest. Op.

Resists bending or straightening arms. Hydr-ac-

Respiration, hissing. Tabac.

Respiration, rapid. Verat-v.

Respiration, imperceptible, almost. Stram.

Respiration, labored. Sec c.

Respiration, short and rattling. Nux-v.

Respiration, slow and heavy. Nux-m.

Respiration, suspended. Laur., Mosch.

Respiration, irregular. Ip.

Respiration, interrupted frequently for few moments. Cic-v-

Respiration, rattling. Cham., Hydr-ac.

Respiration, difficult. Cedron, Millef., Phyt.

Respiration, stertorous. Bell.

Restlessness, great. Cup-ac.

Rigidity of all muscles Cic-v-

Rigidity of muscles of neck, limbs, and back. Hell-

Risus sardonicus Bell., Caust., Cup-ac., Medorr., Enanthe.

Roaring in ears. Plat.

Rolling of eyes. Cham., Sec-c.

Rolling of head. Bell., Pod.

Rolls about and bites at those about him, if disturbed. Stram.

Saliva, bloody. Bufo, Crot-hor.

·Saliva, ropy at mouth. Kali-bichro.

Salivation, much. Merc., Enanthe-

Screams, occasional, IGT.

Screaming, loud, Kali-bichro.

Shrieks, hoarse. STRAM.

Shrieks, Hyos., Lach,

Shocks in the limbs, Ast-rub.

Shocks that shake whole body. Bar-m,

Skin cool to touch. Igt.

Skin, pale and cold. Ant-t.

Skin, hot. Ip., Stram., Zinc

Skin, bluish tint. Laur.

Snapping jerks of lower jaw. Bell-

Spasmodic motion as in coitus. Caust.

Spasmodic twitching of lower limbs. Hell-

Spitting constantly, but no saliva. Hyos.

Speech impeded or lost. Cup-ac.

Stares straight before her. Art-vul.

Stares wildly at familiar objects. Stram.

Stomach distended, Cup-

Stomach and chest blue. Cup.

Sticking in throat, sensation as if something. Hepar.

Stool, green. Hydr-ac.

Stool, involuntary. Cup., Hydr-ac., Enanthe-

Stool and urine pass involuntary. Art-vul-

Suppression of secretions and excretions. Stram.

Suffocation. OP-

Suffocation, threatened. Hydr-ac.

Strength of muscles extraordinary. Agar,

Stretches and writhes. Ars.

Stretching and distortion of head and limbs. Sil-

Sweat, cold, on forehead. Verat-a-

Sweat, profuse. Bufo., Sep.

Sweat, profuse about head. Mosch.

Sweat, unpleasant. Cup.

Sweat, violent, offensive. Art-vul-

Talk, incoherent. Kali-c.

Temperature, low. Chin-sul., (clinical), Cup-ac-

Tearing hair. Tuberc.

Teeth chatter. Laur.

Throws arms and limbs at right angles with body. OP.

Throws arms about. Lyc.

Throws boby about. Igt.

Throws himself back. Camph.

Thirst, great. Cup-ac.

Tears roll down cheeks. Hydr-ac.

Throat constricted. Hyos.

Thumbs clenched. Æth-cy., Cham., CUP., Œnanthe., Sul.

Thumbs clenched across palms. Glon., Igt.

Thumbs drawn in. Arum-tri.

Thumbs retracted. Staph.

Throbbing headache on vertex. Hyper-

Toes spread apart. Glon.

Toes flexed. Phyt.

Tongue swollen. Arum-mac., Plb.

Tongue trembles. Camph., Igt.

Tongue paralyzed, rite side. CAUST.

Tongue coated and dry. Cic-v.

Tongue partially paralyzed. Cup-ac.

Tongue awry. Cup-ac.

Tongue can't be protruded in straight line. Glon.

Tongue darted in and out like a snake. Lach.

Tongue blue and thick. Plat-

Tongue haugs from mouth. Plb.

Tongue jerked out. Sec-c.

Tongue lolling. Sil.

Tongue bitten. Tarent.

Tremor, painful. Ip.

Trembling in bowels. Kali-br.

Trembling of whole body, with heat and sweat. Laur.

Tries to dash head against wall or floor. Tuberc.

Trembling and jerking of limbs. Apis., OP.

Twitching of fingers. Cim.

Twitching of toes. Cim.

Twitching of eyelids and eyeballs. AGAR.

Twitching of cheeks. AGAR.

Twitching in arms. Bell

Twitching in face. Bell., Plat.

Twitching of limbs. Chin-sul.

Twitching of one side of body. Cup-ac.

Twitching of muscles, Dolich. Hell.

Twitching of limbs and arms. Igt.

Twitching of corners of mouth. Igt., Plat.

Twisting, head. Kali-bichro.

Unconscious. Aut-t., Ars., Ast-rub., CIC-V. Crot-hor., Cup-ac., Dolich.

Unconscious, without convulsions. Calc-c.

Upper part of body contorted. Cic-v.

Upper and lower extremities alternately convulsed. Hyos,

Urination, involuntary. Cup., Hydr-ac., Kali-br.

(To be continued.)

Notes from my case-book.

A case of mamary abscess was completely cured by a few doses of Silicea 30.

A case of profuse uterine hemorrhage in an elderly lady was promptly checked by Sepia 30.

The pains and suffering in a case of fissure of the anus was relieved by a single dose of Hepar 200. There was a history of syphilis and mercury.

A case of aneurism of the aorta with pains and suffering was relieved by occasional doses of Bryonia 200. When he came to us, he was not expected to live long and it is

now over three years and he is much better today than he was when he came to us.

We have frequently cured sore mouth, with sore tongue, by repeated doses of Acid nitric 30. The remedy is all the better indicated if there is a history of syphilis.

In cases of malarial cachexia, if there is diarrhoea and much flatulence. Natr. Sulph. does very well. A case of dropsy resulting from malaria with enlarged liver and spleen was beautifully cured by Lycopod. 200.

Conium and Selenium are excellent remedies for sexual debility.

Ptosis was promptly cured by one dose of Apis 6.

A case of dental fistula was cured by the repeated doses of Calc. fluor 6x.

Inveterate cases with scrofulous glands have been cured by Calc. Iod 30.

Causticum is a good remedy for cataract.

Thuja in the lower potencies often gives decided good results in acute gonorrhea. So does Merc, sol 6. Both Hahnemann and Baehr are right.

In old people with chronic bronchial catarrh Antimonium ars is an excellent remedy.

A case of syphilitic eruptions all over the body, where many remedies failed, was cured by Mezereum 30.

In left-sided sciatica Spigilia is very beneficial. In chronic cases of tonsilitis use Baryta Carb 30.

In adenoids in the posterior nares Calcarea Carb acts very well.

For the burning pains of Carbuncle, think of Anthracin if Arsenic fails.

In tumors of the breast Conium is a very good remedy. Collinsonia and Ratanhia are good remedies for piles with hemorrhage. Ambra grisea acts like Nux in many cases and again is antidoted by Nux vomica.

J. N. MAJUMDAR.

HEALTH OF BENGAL.

Sanitary Commissioner's Report. Marked Improvement.

The following Resolution on the report of the Sanitary Commissioner, Bengal, for the year 1909 is published by the Bengal Government, Municipal Department, dated. Darjeeling, July 16:

- 1. Lieutenant-Colonel F. C. Clarkson, I. M. S. was in charge of the Department throughout the year under report but proceeded on long leave on the 1st March, 1910, being succeeded by Major W. W. Clemesha, I. M. S. by whom the reports now under consideration are submitted.
- 2. Climatic Conditions:—The rainfall during the monsoon period began early and was on the whole well distributed being above the normal in all Divisions except Chota Nagpur. The outturn of the crops generally was excellent and a marked improvement in the general health of the people is chronicled.
- 3. Births and Deaths—The number of births during the year under review showed an increase over the figure of the preceding year as well as over that of 1907, while the number of deaths was less than in either of the two preceding years, this being the first occasion since 1904 that these two phenomena have occurred together. The number of births registered in the Province (exclusive of Angul) was 1909, 547 or 37 79 per mille of population in comparison with 1.823, 716, or 36-09 per mille, during 1908. The increase in the birth-rate is altributed to the improved condition of the people, and was shared by all Divisions except Orisssa, where the circumstances of the previous year had been particularly unfavourable, and their effect continued to be shown. The total number of deaths reported was 1.543,971, or 30.55 per mille against 1.948,513, or 38.56 per mille during the preceding year. In the opinion of the Sanitary Commissioner the satisfactory decrease was due mainly to the

reduced mortally from cholera, fever and dysentery and diarrheea. In comparison with other provinces Bengal stood third in the order of birth rate in place of sixth during 1908, while it stood eighth in the order of death-rate, as against third in the preceding year. These results afford reason for congratulation, and the mortality recorded was the lowest since 1899. Within the province the most unhealthy Division was that of Patna which showed no increase in the birthrate and stood first as regards the deathrate though the latter figure was less than in 1908. Orissa, which returned the highest mortality last year, this year shows the lowest.

4. The experiment for testing the accuracy of the registration of vital statistics in a portion of the Burdwan district came to a close in July, 1909, out of 6,890 deaths reported since 1906 in the area under observation the causes of death in no less than 2,751 instances were found to have been wrongly reported, and almost half the "fever" deaths returned were really due to other diseases. The numerical accuracy of registration was checked, as usual, by vaccination officers. The Lieutenant-Governor regrets to observe the bad results reported from Purnca, Hazaribagh and Jessore. The results in Saran, though not good, show an improvement over those of the preceding year. The District Officers concerned are requested to give the matter their particular attention.

Serious Diseases.

5. Chlolera—The mortality which, in the preceding years, was the highest ever recorded, fell in the year under report to almost normal proportions, the total number of deaths registered amounting to only 56,7c1 or 1'12 per mille, compared with 268,908, 5'32 per mille, in the preceding year. The seasonable rainfall and the better agricultural outturn were responsible for this satisfactory result. Sixty-one registering circles were entirely free from the disease, as against six such areas only during 1908. The use of permanganate of potash for disinfecting wells used for drinking water is beginning to be appreciated, and in several cases is reported to have had an excellent effect in arresting the progress of the disease.

- 6. Smallpox and Vaccination.—The mortality due to small-pox has been steadily on the increase since 1905, and a further increase was observable in the year under report, the number of deaths being 38,609, as compared with 35,966 in the preceding year, and 21,138, the average of the years 1904—1908. In spite of the general increase in the death-rate from the disease, the mortality among infants and children, to the second year in succession, showed a decrease, clearly proving the value of the protection afforded by vaccination.
- 7. The total number of vaccination operations performed during the year was 2,053,773, of which 185,188 were revaccinations as against 2,019,531 original cases and 203,918 revaccinations as against 1908-1909. The system of realizing vaccinators' fees through the village panchayats has not been a success, in the absence of any legal power possessed by the bodies to enforce payment.
- 8. Plague.—It is satisfactory to record a still further decrease in the mortality from plague, the total being the lowest on record since 1901. Only 11,779 deaths occurred, as against 15,948 in the preceding year. As in that year, 13 districts were free from the disease, which was not severely prevalent in any town or rural area. The mortality was nowhere above 5 per mille, except in Monghyr town-Only 704 anti-plague inoculations were performed during the year under report of which more than half (363) were in Calcutta. This prophylactic is still looked upon with disfavor, though no cases of plague took place among those inoculated. Evacuation continued to be the most popular preventive measure. Disinfection with kerosine oil emulsion was carried out to some extent but it is expensive and requires careful supervision. The efficacy of rat destruction as a preventive measure is said to show signs of more general recognition and it was carried on in Bihar on a considerable scale. noticeably in Monghyr and Saran. The work was generally done by organized rateatching gangs-
- 9. Fever—The mortality from this disease showed a satisfactory decrease, the number of deaths being 1,056,237, as against 1,184704 in 1908 and 1,145, 195, the average of the five years 1904-1908. The reduction was shared by both rural and urban areas, but was

especially noticeable in the former. The most affected district was Darbhanga, with 3314 deaths per mille, and, as in the preceding year, a noticeable feature was the prominence of non-water-logged districts among these returning a high death-rate. Among towns, Sahebganj, in the Sonthal Parganas, again returned the highest death-rate. Antimalarial operations were confined to the North Barrackpore Municipality. The measures taken, so far as can be ascertained, were a success, though in the absence of scientific investigation this cannot be definitely asserted.

Inquiry into Malaria.

- 10. The enquiry undertaken by Captain Foster, I. M. S, in the preceding year into the prevalence of malaria was continued on a smaller scale during the year under report. The principal conclusions at which Captain Foster arrived were that—
- (a) There was a definite relationship between splenomegaly and the total mortality of the test areas;
- (b), the total mortality in the test areas was largely the result of the operation of the causes of splenomegaly;
- (c) measured by the endemic index, the test than as were not strikingly malarlous;
- (d) there was not the relationship between spleen rates and endemic indices which might have been expected if the spleen rates were entirely due to malaria; and
 - (e) the spleen rates were not entirely due to malaria.

Nineteen Sub-Assistant Surgeons were deputed to malarious districts during the year for the distribution of quinine. Their operations extended over 36 thanas in the districts of Murshidabad, Nadia, Jessore, 24-Parganas, Purnea and Birbhum and are reported to have been greatly appreciated. This measure will be repeated during the current year. More effective measures were introduced for the sale of quinine in pice packets, the size of which was also increased, and it is satisfactory to notice that the number of parcels sold increased greatly, 25.514 being disposed of as against 13,307 in the previous year. In addition 4,818 phials, each containing three

hundred 3 grain tablets, were sold. The whole subject has recently been again examined in the light of the recommendations of the Malaria Conference held at Simla in October 1909, and although no material departure is contemplated, minor reforms, based upon the experience of other Provinces, will be tried.

- 11. Dysentery and Diarrhaa—There was a large reduction in the mortality from this cause, the total number of deaths being 35,981 or 71 per mille as against 64,899 or 1°28 per mille in 1908. The same causes which led to a decrease in the mortality from cholera were operative in this instance also. As usual the Orissa Division was the chief sufferer from the disease though in a greatly decreased ratio, the deaths being 2°82 per mille as against 6°68 per mille during the previous year.
- 12 Respiratory Diseases.—The number of deaths registered in 1909 was 15,071 or practically the same as the figure 15,299 for 1908. Owing to the difficulty in obtaining reliable diagnoses in these cases, the figures are not reliable, and exact conclusions cannot be drawn.
- 13. Injury. The deaths under this head exhibited an increase, and numbered 27,280 as compared with 24,896 in 1908. Deaths from snake-bite decreased from 8,789 in 1901 to 8,605 during the year under report. Seventy dozen permanganate lancets were distributed by Civil Surgeons to selected persons and of the cases treated by this method (namely, 59) it is claimed that 84.74 per cent were successful. Three cases were treated successfully with antevenene.

Municipalities and Sanitary Improvements.

14. Sanitary Improvements. The gradual increase in expenditure by municipalities upon sanitary improvements, which was remarked last year, was maintained in 1908-1909, the total expenditure on conservancy, drainage and water supply being Rs. 21,97,380, or an increase of Rs. 2,48,557 over the figures for 1907-1908. The 4½ Lakhs grant made by the government of India for sanitary improvements were fully utilised in assisting local bodies to carry out schemes of drainage and water supply. The Lieutenant Governor

agrees with the opinion expressed by Colonel Clarkson that, for the present, at any rate, this grant should, as far as possible, be devoted to large schemes and not frittered away on a large number of petty projects. The latter are usually such as should be carried out by local bodies without special help, and if the grants available are used in futherance of large and permanent measures, it follows that in the course of a few years considerable progress in the way of sanitary improvement should be visible.

- 15. The appointment of an Inspector of Sceptic Tank Installations has proved successful and as a result of Major Clemesha's inspections of these installations various improvements have been effected.
- 16. Sanitary Board.—During the year under report, the estimates of various water supply schemes were prepared by the Board and others were revised. The construction of water-works at Darjeeling, Monghyr and Bhagalpur was in progress. Eleven drainage schemes were under preparation during the year at Bhagalpur, Gaya, Jessore, Murshidabad, Berhampur, Hoogly-Chinsura, Azimganj, Bhadreswar, Chapra, Purulia and Ranchi while the drainage schemes for Daltanganj, Monghyr and Scrampur were further considered. The drainage schemes of Howrah, Puri, Barasat, Basirhat, Baruipur, Budge-Budge, Baranagore, Bhatpara and Arrah were in progress during the year. The improvement of the procedure in submitting projects of drainage and water-supply, in order to ensure their prompt disposal and the advance of unnecessary enquiries, was under consideration.
- 17. The Lieutenant Governor's thanks are due to Lieutenant-Colonel Clerkson and his subordinates for their administration of the Department.—The Bengali.

THE MALARIAL SIMILLIMUM.

(Continued from page 192, No 6,, Vol. XIX.)

Possible sources of error in selection and use of rubrics.

P. 1261, Perspiration after fever. An incomplete rubric and

one which in this case rules out Sulphur. Incomplete for the reason that such a common symptom of malaria ought to be covered by a rubric containing a large number of drugs. Many drugs not in this rubric have cured fever followed by sweat.

The only rubric of high rank in this case, having to do with the "succession of stages" and which is of any value, is "absence of chill" already utilized.

This is so logical that it would seem impossible for any thinking man to be led astray and yet it is because of such errors and through the failing to properly rank our symptoms that we most often fail.

P. 1255, "Heat followed by chill". "Heat then sweat." Two different rubrics, the second under the heading of the other.

Many in working out such a case would use this second rubric in the "succession of stages" to cover the symptom "Perspiration after fever" discussed under the last caption, reading it "heat then sweat" when in reality it should read "heat followed by chill then sweat" which of course makes it inapplicable for this case.

P. 1247 "Fever without chill, afternoon," A particular combined rubric, necessarily incomplete for practical purposes even though it may contain all the remedies which have produced the symptoms as worded. It will not contain all the remedies curative for such a combination symptom for the reason that all drugs which have produced both afternoon fever and fever without chill are applicable even though they have never produced the two symptoms in combination. For this reason the larger, more general and uncombined rubrics should be used in order to avoid the danger of excluding the simillimum.

P. 1243 Fever 1 P.M. A sub-particular rubric, containing only five remedies and eliminating the curative drug. Any remedy that has produced afternoon fever or afternoon aggravation

will cure a fever at 1 P. M. provided it fits the case accurately in other respects. The small rubrics of this nature are only of value in the absence of other more distinctive and reliable characteristics. They should be used as a last resort only.

- P. 530 "Thirst during the heat."
- P. 531 "Thirst for large quantities."
- P. 531 " often. "

The largest rubric "extreme thirst," already utilized, means the same thing and gives all remedies applicable for either of these three symptoms.

- P. 943 "Cold hands during fever." A peculiar individualizing symptom, but one of low particular rank. The corresponding combined rubric contains but few drugs and rules out Sulphur. The big rubrics "Coldness of hands" and "fever" are applicable for the symptom, however, and do not rule out this drug. It is logical to be guided by the larger rubrics already utilized in deciding this point.
- P. 137 "Headache better cold bathing." A particular individualizing symptom of high rank, but the corresponding rubric contains only one drug though the symptom is anything but rare and has often been cured by many of the better known drugs.

This symptom is covered much better by the rubric utilized in working out the case. "Headache relieved by cold applications," which contain forty drugs. Such rubrics as the first named are nonsensical and confusing.

It may be argued that the practitioner cannot afford the time to devote to work of this character and that patients are not always sufficiently appreciative to make it worth while or willing or able to pay for the extra labour involved, especially so in malarial cases which can usually be knocked out so quickly by a few big doses of quinine.

To which it may be answered that when the practitioner

becomes skilled, it will require but a few minutes for any but the most difficult cases, and that the work of these can easily be spread over several visits, thereby making it easier as regards the time involved at each consultation; increasing his fees; and positively benefiting the particular patient and all others in the future through the added skill resulting from such study.

The increased accuracy in prescribing for all kinds of cases resulting from continued study of this character increases one's reputation especially in the treatment of chronic ailments and ultimately brings a class of patients who are willing and able to pay larger fees for the superior skill we possess.

As regards the malarial case in particular, the advantages of a genuine and permanent cure by the opsonogenesis and phagocytosis homeopathically induced, when compared with the damaged constitution resulting from quinine suppression, are so markedly apparent to any one in the least familiar with the two methods as to leave no grounds for sensible argument. And when the difference is pointed out to the patient he will invariably be willing to wait a few days longer, if necessary, in obtaining relief.

In the light of a better way, no one is justified in ignoring the fact that suppressing the paroxysms with quinine almost invariably results in the substitution of a chronic quinine poisoning in place of the original disease or in the development of a double disease, the quinio-malarial-dyscrasia, in which malarial manifestations recur at every favorable opportunity, since the plasmodium frequently develops an immunity for quinine and is often harbored for a life-time in the liver and spleen from whence it continues to throw out toxins and occasionally to sally forth into the general circulation whenever satisfactory conditions allow.—The M. Advance.

SOME PLAIN TRUTH ABOUT HOMEOPATHY.

The Homeopathic science and art of healing was introduced in this country about half a century ago but very few know what are the cardinal points, in which it differs from all other medical arts. For the information of our readers, and our countrymen generally we write something about it here.

- 1. Homeopathy is a law of cure. True and positive cures are effected by choosing medicine according to this law of similia similibus curaptur.
- 2. Medicines must at first be proved upon healthy human body to ascertain their disease-producing properties. For instance if a man takes Ipecacuanha, tendency to vomiting or actual vomiting results. From this fact we know that Ipecacuanha in minute doses cures nausea and vomiting. At first it was a hypothesis but subsequently it was confirmed by practice.
- 3. Homeopaths do not consider disease as an entity, as something material, but it is simply a condition of dynamic disturbance of the vital force, it is not visible by external senses but can be felt.
- 4. It is therefore that medicines should be so reduced in quantity that they can easily meet this invisible diseased force and thus cure is effected. So minute doses are recommended, by homeopathic physicians.
- 5. The curative power of a remedy' is in the quality and not in the quantity of the drug.
- 6. Homeopathy is not merely a minute dose, but a matter of law in the selection, of the remedy. If the medicine is not selected according to the law of cure, no amount of infinitesimal dose would effect a cure. So first of all select the remedy and then give small doses.
 - 7. Homeopaths cannot mix two, three or more medicines

for their cases, but always give a single medicine at a time and wait to see its effects. If the effects are perceptible. further repetition of doses must be stopped.

- 8. In order to make a good prescription homeopathic physicians should take down and ascertain all the symptoms of the patient, as totality of symptoms is the guiding agent in selecting a curative remedy. Hahnemann says we know nothing of disease except by its symptoms and when we remove all the symptoms of the case, a perfect cure is the result. There then remains nothing but perfect health.
- 9. The superior efficacy of homeopathic medicines has been ascertained from practical facts. We have no hospital in this country; so we cannot give a statistics of cure but in other countries it has been demonstrated by actual facts. Even in this country the better effects of homeopathic medicines in many serious diseases has been recognised by the people, as for instance Cholera, Pneumonia and other chest affections, Typhoid fever, Plague, Diarrhæa, Dysentery &c.

Though there is no Government recognition of Homeopathy in this country, yet it has been greatly recognised by the people as a better mode of treatment. In a country like India it is indeed a gret deal for a new system of Therapeutics.

TREATMENT OF MALARIA BY QUININE.

We often had occasion to say that quinine is not required in the treatment of malarious fever when not indicated by its symptoms and used in potentized form. We are glad to find that our colleague of the Herald of Health has the following in his paper: "The prevailing treatment of malaria is quinine in some form. Many physicians believe that they cannot treat malaria without this drug; and in fact, quinine as a prophylactic in malarious countries is in many cases the direct cause

for the pernicious 'black water fever,' one of the most virulent forms of malarial disease; that this drug seriously weakens the action of the heart when taken regularly in excessive doses; and that it will so injure the system by its influence that it becomes useless as a remedy when required for this purpose." Professor Metchnikoff says—"Even quinine, the prophylactic effect of which in malarial fever is indisputable, is a poison for the white blood cells. One should, therefore, as a general rule, avoid as far as possible the use of all sorts of medicaments, and limit oneself to the hygienic measures which may check the outbreak of infectious disease. This postulate further strengthens the thesis that the future of medicine rests far more in hygiene thau in therapeutics."

"Experience seems to indicate that quinine gives its best results in recent cases of malaria; whilst in old, regular, or irregular cases the results are by no means flattering; and there are many whose systems will not tolerate quinine." These remarks are taken from allopathic sources. The disciples of Hahnemann know very well what is best for malaria and how to get rid of it. Hygiene is pre-eminently a good thing no doubt, but therapeutic resources are absolutely necessary. It is requisite to know what are those therapeutic resources.

P. C. MAJUMDAR.

EXPERIENCE WITH SELENIUM.

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Effects of heat are sometimes very injurious and we in hot countries know that a variety of diseases take their origin from this effect. 'A gentleman, a staunch believer in homeopathy, suffered off and on from diarrhoea in the months of May or June. He took several homeopathic remedies without much benefit. He selected his remedies himself from laborious repertory searching and was also advised by some of the reputed homeopathic physicians of this city. He at last thought that mango-eating is the cause of this distressing disease. He gave it up for one season but fared no better.

He consulted me and I thought it was the heat of the sun that caused this diarrhoa, so I gave him Selenium 30 during the attack and he got rid of it very soon. He was not confident whether this was real cure but when the next two years he had no diarrhoa during those hot months, he became sure of a permanent cure.

In hot weather we cannot work properly and if we do we often get weak, debilitated and quite unfit for work. We should try Selenium if we do get weak. Weakness and debility from other causes find their remedy in Selenium such as night-watching, fatigue from labour, mental exertion, seminal emission &c. Also debility after severe types of fevers, headache from seminal emission, overstudy and in hot weather.

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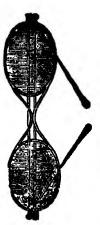
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CONSUMPTION—ITS MODERN METHODS OF TREATMENT.*

By J. N. GHOSE, M. D.,

PRESIDENT, CALCUTTA HOMEOPATHIC SOCIETY, 1910.

Gentlemen! Little over a week ago when our esteemed Secretary, Dr. Majumdar, approached me with a request to read a paper before the next Society Meeting, I hesitated on account of the shortness of time but his winning and persuasive manners prevailed and he had the better of me. In response to his mandate, here I am this evening before you with an incomplete paper. Indeed it is incomplete considering the vastness and importance of the subject. For there is no other disease on which so much has been written and the literature has been so prolific.

In connection with the memorial of our late King Emperor Edward VII, the question of a sanatorium for the treatment of consumption has very largely come before the public. There cannot be any difference of opinion to the desirability of such an institution in our midst. It

^{*} A lecture delivered before the Calcutta H. Society.

is a desideratum the consummation of which is devoutly to be weighed for.

Theories.

Whether one believes in Gregg's theory that deficiency of albumen in the blood, such as the waste of albumen in catarrhal discharges leaving the blood in watery condition, causes consumption, or in the contagion theory of Ebberth and germ theory of Koch, one and all will admit the efficiency of the sanatorium treatment of this fell disease.

Dr. Pearse, our Health Officer, from his place in the Calcutta Corporation, has sounded the note of warning that the mortality from consumption in Calcutta is as great as in any British or European City. England alone pays its toll of 60,000 a year to consumption and France 120,000.

Should we not collect all the agencies we may have at our command to combat with this white plague successfully ?

Curabilities of Consumption.

Twenty five centuries ago Hippocrates wrote that tuberculosis was a curable affection, provided that it was treated in a sufficiently early stage. Many of the ancient authors, such as Celsus, Pliny and Galen, expressed similar opinions, and insisted on the importance of a suitable climate and good living.

Prof. Grancher and Otto Walther tell us that tuberculosis is the most curable of all chronic diseases.

Lacunac the master of masters on this subject boldly asserts—"a number of facts have proved to me that in some cases a patient may recover after having had in his lungs tubercles which have disintegrated and formed an ulcerated cavity."

Jaccond says "Pulmonary consumption is curable at all stages."

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Conheim says—"the injection of tuberculosis can be overcome by the human organism."

Bouchard says—"This disease, the scourge of humanity, is curable in the majority of cases."

Debove says—"There is probably no doctor who cannot point to cases of consumption cured."

According to Professor Plauzoles, the eminent French specialist, "tuberculosis is extremely curable, and it may be admitted from statistics obtained from autopsies that 50 per cent. of mankind have tuberculosis at sometime in their lives, two thirds of them in the pulmonary form. As on the other hand tuberculosis only shows a mortality of 14 per cent, it is evident that it is curable."

Says Dr. Noel Guenean de Mussy, "I know patients, in whom cavities were found to exist by me, and by observers whose authority is far superior to mine, ten, fifteen and twenty years ago, and who now enjoy good health."

According to Arthur Latham "consumption is an eminently curable affection, provided the disease is treated judiciously in a sufficiently early stage."

Three Essential Factors.

Three most essential factors on the treatment of consumption, according to modern methods, are open air, feeding, rest and exercise, to which we may add a fourth, namely, Homœopathic therapeutics.

Open Air.

As early as 1840, George Bodington, a country English medical man, wrote a pamphlet entitled "An Essay on the Cure of Pulmonary Consumption on Principles Natural, Rational and Successful," in which he wrote "to live in the open air, to constantly breathe pure air without dreading either wind or bad weather, constitutes an important and

essential remedy to stay the progress of pulmonary consumption: a remedy against which a groundless fear prevails that the consumptive patient may catch a cold. Farm men, shepherds, peasants &c. are rarely affected by consumption, because they constantly live in the open air; while the inhabitants of cities and those who live long in shut up rooms or whose calling obliges them to spend many hours of the day in closed spaces, are often victims of it. In the treatment of this malady, the habits of the latter must be so changed as to make them resemble, as much as possible, those of the first category of individuals so as regards their living in the open air, if we wish them to recover.

"I will now speak of the most important remedy for the recovery from consumption, that is to say the free use of a pure atmosphere. The sick person should inhabit a well-aired house in the country.

"Fear of the weather should never prevent him from living in the open air; if the weather is wet and rainy he must use a covered carriage with open windows. The cold is never too intense for a consumptive patient. The apartments should be kept cool and well-aired, as to resemble the fresh air outside, pure air being employed in the treatment as much as possible." This little pamphlet met with the most bitter and fierce opposition, so much so that its author was considered as little better than a lunatic and undeserving of serious attention.

Brehmer first founded a sanatorium in Germany in 1859. Deteveiller followed him with a second one. Then in 1882 Trouden opened a sanatorium at Saranac at the foot of the Adirondack (New York). But it remained for Otto Walther of Nordrach to bring the sanatorium treatment to a perfection. Since then many sanatoria have been opened in England, Scotland and other parts of the world.

Arthur Latham says The consumptive patients need pure air in all its natural simplicity; he must live in it, breathe in it continually."

There is a Persian proverb "where air and sunshine come never, the doctors come ever."

Food.

Every patient should have one hour's absolute rest alone before both the midday and evening meals, so that he may approach his food with a good appetite, and not in a more or less exhausted condition. The effect of muscular fatigue both on the appetite and on digestion is well known, and it is important that a patient should approach his meals with the powers of digestion and assimilation unimpaired.

Consumptive patients must be persuaded by every possible means to eat sufficient food, to replace not only the ordinary tissue waste and the extraordinary tissue waste due to their disease, but also to enable them to gradually put on weight, until they reach a limit somewhat above the average weight for their height and sex. "Unless a fire is replenished it goes out, and that in a similar way a large quantity of food is essential to the health of a consumptive." In other words patients must not be guided by their appetite, and this is one reason why tuberculous individuals should spend sometime in an open air Sanatorium where they can be trained to eat large quantities more easily than at home, for they not only eat under the immediate eye of the physician but they see other patients worse than themselves negotiating large quantities without discomfort. With fresh air and exercise and with rest before meals the appetite is good and patients seldom have any difficulty in eating the necessary quantities, they should, even if it takes two hours.

It is possible that whilst small quantities of food tend to

irritate the stomach or to remain undigested, larger quantities are able to directly stimulate the muscles and glands of the stomach and so lead to a better assimilation of food.

Tuberculous patients show very satisfactory results both clinically and experimentally, as has been shown by Goodbody, Bardswell and Chapman that diets of medium proportions but still large, give the best results and can probably be continued for an indefinite period. "The digestion both of nitrogen and fats is good even in the cases of patients with high fever. The absorption of fat is indeed very satisfactory. i. e. with an intake of 231°32 grammes 96°41 per cent is absorbed."

Long intervals must be allowed between meals, and no food or drink should be allowed at less intervals than five hours. By this means the digestive and assimilating powers are enabled to rest, and so to return to their work with renewed vigour. Three meals to be given. Breakfast at & A. M., midday meal at I P. M. and last meal at 7 P. M.

The food should be as varied as possible, the best procurable and cooked in appetising manner, milk at least ½ seer a day.

It has been satisfactorily demonstrated by Otto Walther that the readiest and most efficacious way of reducing the fever of consumption, however high, is by means of a sufficient quantity of solid nourishment.

Rest.

A life of rest during fever is most important for the cure. It is the only means of preventing wear and tear of the system: the consumptive needs all his strength to fight the disease. Rest must be as complete as possible—not only of the body but it must be accompanied by the cessation of all intellectual works. This means that it is necessary

for the patient to give up his daily occupation entirely and devote himself solely to the treatment of his disease.

Treatment of Fever.

In the treatment of fever, the chief essentials are absolute rest in bed, pure air and abundance of solid food.

Fever.

The patient should rest in bed all day, and should not leave his bed until his temperature has been below 98.6 F. for at least a week. If he does not, some authorities advise that we may then allow the patient to take short walks of twenty or thirty yards, once or twice a day, and again watch the result. If the result of this experiment is satisfactory, we may gradually increase the length of the walks on the level and eventually prescribe uphill exercises. But this is indicated in very rare cases.

Cough.

Patients should endeavour to avoid attempts at coughing and should be taught that every cough avoided is some thing spared to the lungs. If they persevere a little, they will soon find that it is possible to keep the cough in check.

Climate.

The results of sanatorium treatment in a variety of climates have shown that the old ideas of a particular climate or altitude being a specific for pulmonary consumption age erroneous, and have proved that climate is the only one, though an important factor in the treatment. Climate in itself, is not every thing; for instance, as Osler points out, "in the Blood Indian Reserve of the Canadian North Western Territories there were, excluding diseases of infancy, 127 deaths or 23 per cent. of the total rate from Pulmonary consumption during six years in a population of about 2000.

and that in a tribe living in one of the finest climates of the world—at the foot-hills of Rocky Mountains." On the other hand sanatorium treatment has been successful even in low lying Holland.

Sea Voyage.

It may prove beneficial to certain consumptives. This is chiefly due to the fact that sea air is pure and free from contamination. In such cases the disease is of recent origin and limited in extent. But now it is well known that they will do just as well if not better under other conditions. Patients with advanced disease should never be subjected to the hardship of a long voyage. Patients with any tendency to hemorrhage had better stayed away from the sea voyage.

Duty of the Doctor.

"Moral tranquillity and well being, faith and hope, are powerful factors in the cure," says Dr. Martin. "The moral duty of a doctor called in to treat a consumptive is no less important than difficult. When he has diagnosed the disease, the first difficulty that presents itself is, shall we enlighten the patient on the nature of his trouble ? Even vesterday every doctor would have answered, no. It was considered a duty of humanity not to tell the patient that he had a disease whose reputation as being incurable appeared unfortunately well-merited. To-day the conditions are changed; it is established that the best treatment of consumption consists in a special regulation of life, which. must be rigorously and minutely followed out. Can a patient be expected to radically change his mode of life without being given to understand the seriousness of his condition? We think not. So unless the case is hopeless, or there are special circumstances, the value of which the doctor

will judge for each individual case, we regard it as a duty to inform the patient of his condition."

The patient must know what he has got in order to understand the necessity of the treatment imposed on him. It must not be concealed from him that recovery can only be secured by perhaps very prolonged treatment, and by absolute submission to the doctor's orders; but he must be convinced that his recovery is possible, and his physical strength and his will must be kept up by hope. Says Professor Grancher "To recover, it is above all necessary to wish it, to will it, to will it a long time."

Suitability of Almora as a health Resort for Consumptives.

The question of building a sanatorium at Almora has been much discussed in the local press. Last year I had spent about a month in Almora and I tried to gather some informations about the place as to its suitability as a health resort for the consumptives.

Almora has acquired a reputation for a long time as a health resort for consumptives. It is perhaps the oldest of all the hill stations. Many people suffering from consumption flock there every year for the hope of a cure. And it must be admitted that cures have occurred in many cases.

It is a small hill station 20 miles north and a little east of Naini Tal in the Kumaon District. It stands on the crest of a ridge at a level of 5,400 ft. above the sea. The mean highest temperature in summer is 88 F and the lowest in January is 36 F. Rainfall being the lowest of all hill stations about 38 to 40 inches. The soil is rocky and the drainage good. The water supply is excellent but by no means abundant, being 4 gallons per head.

The climate per se of Almora has no curative influence, but clinical observation has shown that many people get cured there. I believe it is due to the fact that it enables patients to lead an outdoor life almost all the year round during winter as well as summer. But there are disadvantages of Almora also. It is not an ideal place for a sanatorium, because of its inaccessibility, dust and want of sufficient water supply.

Gentlemen! I offer no apology for omitting the therapeutical part of the treatment. I yield to none, in my appreciation of the efficacy of our remedies and I also believe that we are very rich in our remedial agencies. Yet why have I omitted this most important part of the treatment? I shall answer it by asking you another question—who is there present here this evening who cannot mention the names of a dozen or two of our most important remedies with their indications for this disease and yet how many can say that they have cured many cases of consumption by indicated remedies alone? My purpose in preparing this hurried paper has been to bring before you the modern methods of the treatment of this disease.

INSANITY.

We are grieved to find that insanity is growing rapidly in our country. Many people consider this to be due to the growth of European civilization in India. This is the case in Japan. Dr. Starto, the Director-General of the Aopama Hospital for the insane in Tokio, Japan, is now visiting America. In a recent interview with a newspaper reporter he said: "Fifty years ago insanity in Japan was very rare. Thirty years ago it began to increase, and after the China-Japanese war there was further increase. The increase was even more marked after the war with Russia. I believe that, as civilization advances in Japan, insanity becomes more

general, due to the struggle for existence." This is very true in India also.

P. C. MAJUMDAR-

CONVULSION OR SPASM.

(Continued from page 210, No. 7, Vol XIX).

Attacks with

Alternation of humor. Mosch.

Appetite, voracious. Sumb.

Asthma. Ipec.

Body bent back. Ipec.

Breathing, alternation of oppressed. Igt., Plat.

Consciousness. Cina, Kali-c.

Consciousness, but can't move. Cocc.

Coldness, extreme. Hell.

Cramp, violent, in lower limbs. Cocc.

Cramp, violent, in chest, Cocc.

Cramp, violent, in abdomen. Cocc.

Cries, or involuntary laughter. Igt.

Cries. Merc., Nux-v.

Cry, piercing, at each spasm. NUX-V.

Diarrhœa. Calc-ph.

Face, tumid, Cedron.

Grinding teeth. Coff-crd.

Hallucinations. Kali-br.

Heat, feverish, with cold hands and feet. Caust.

Hiccough. Cic-v., Stram.

Hilarity. Croc-sat.

Laughter, grimaces and exaltation, Cup-ac,

Laughter, convulsive. Plat.

Mania. Verat-v.

Melancholy. Indig.

Melancholy, and dread of society. Cup-ac.

Micturition, involuntary. Caust.

Moaning and groaning. Laur.

Nausea. Tabac.

Nausea, continual. Ipec.

Neck, sense of tight constriction around. Crot-hor.

Pain, passing down spine to hips. Lyss.

Pain, in stomach. Stram.

Pain, severe, in back of head. Lach.

Pain, sudden, violent, in abdomen. Chloralum.

Rage, alternating with. Stram.

Screams. Bell., Caust., Cic-v., Cina., Lyc., Stram.

Sexual intercourse, excessive desire for. Canth.

Sexual excitement. Stram.

Shricks, wild. Plat.

Sighing and sobbing. Igt.

Spasm of glottis. Gels.

Stools, chalky. Calc-c.

Sweat, cold. Tabac.

Swelling of stomach, as if from spasm of diaphram. Cic-v.

Stupor. Cham.

Talking, rapid and confused. Mosch.

Timidity. Indig.

Tongue, coated. Kali-br.

Tongue, coated and dry. Cic-v.

Twitching of limbs, followed by unconsciousness. Cup.

Vomiting. Ant-crd., Cic-v.

Yawn, frequent inclination to. Igt.

After the Attack.

Anxiety in upper abdomen. Ast-rub.

Beautiful, everything seems, even old rags. Sul

Blind in left eye. Tarent.

Breath, cold. Cup.

Breaths, takes deep. Laur.

Chest, spasmodic constriction of. Kali-c.

Coma, long continued. Tarent.

Cough. Verat-a.

Crawling sensation in arms. Mosch.

Delirium. Kali-mur.

Delirium, active, busy with bed-clothes, resents interference from others. Hydr-ac.

Delirious rage, jumping about and striking those about him. Arg.m.

Diarrhœic stool, one, then constipation. Cic-v.

Disposition changed from irritable to mild and timid. Indig.

Distress in epigastrium. Ast-rub.

. Drowsy, but can't sleep. Stram.

Dullness of head. Cup.

Eructations. Chin-ars., Puls.

Exhaustion. Ars., Art-vul., Chin-ars., Cup., Hydr-ac., Igt., Nat-m.

Face, deep red and hot. OP.

Faints. Ars-s-fl.

Fever, general. Apis.

Gasping for breath. Laur.

Hæmoptisis. Dros.

Headache. Cup., Laur., Kali-br., Kali-c.

Heaviness in head. Sec-c.

Hungry, asks for something to eat. Stram.

Imagines he is surrounded with friends. Hydr-ac.

Intestines, spasmodic movements of. Buso.

Lameness. Asc-glab.

Lies on back, draws legs up and spreads them apart. Plat.

Melancholy. Indig.

Melancholy, and dread of society. Cup-ac.

Micturition, involuntary. Caust.

Moaning and groaning. Laur.

Nausea. Tabac.

Nausea, continual. Ipec.

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Imagines he is surrounded with friends. Hydr-ac.

Intestines, spasmodic movements of. Buso.

Lameness. Asc-glab.

Lies on back, draws legs up and spreads them apart. Plat.

Lies on back for days, unable to speak. Plat. Moans in sleep. Stram.

Nausea. Puls.

Numb, left side for two days. Art-vul.

Oversensitiveness of all the senses. Mag-ph.

Pain and pressure, severe in top of head. Bufo.

Pain, severe in pit of stomach. Kali-br.

Pain, cramping in region of womb. Enanthe.

Paralysis, apparent. Art-vul.

Paralysis. Caust., Ip.

Paralysis, symptoms of, remain. Plb.

Prostration of limbs, great. Nux-v.

Remember, does not, attack. Hyos., Igt.

Respiration, embarrassed and constriction of esophagus. Plat.

Screams. Cup.

Shrieks, wild. Tarent.

Sighing. Igt.

Sleep, short, soporous. Ast-rub.

" Sleep, sound. Bell.

Sleep, profound. Bufo, Canth., Hell., Hyos., Igt., Kalibr., Lach., NUX-V., *Enanthe*, JOP.

Sleep, snoring. Bufo., Op., Plb.

Sleep, Dros., Nat-m.

Sleep, then pain in front of head. Op.

Sopor, Glon.

Spots, purple, remain some days. Kali-br.

Stupid feeling in head. Plb.

Stupor Absinth

Sweat, offensive. Art-vul-

Sweat, cold. Chin-ars.

Sweat, general. Kali-c.

Sweat, profuse. Igt.

Sweat, and heat. Calc-c.

Taste in mouth sour. Sul.

Talking, laughing, or scolding. Hydr-ac.

Tears, wipes from eyes. Sul-

Tenesmus and strangury, painful. Hyos-

Throbbing, frontal headache Tarent.

Tightness of chest, and acute pains, as if spasm of heart. Hydr-ac.

Tingling in limbs. Sec c.

Tongue, cold. Cup.

Trembles all over. Laur

Trembling of right arm. Cup-

Turns and twists till next attack. Cup, (Arg-nit.)

Unconscious. Cic-v., Enanthe.

Unconsciousness lasts. Igt.

Urination of pale urine, profuse. Cedron., Cup., Sul.

Vertigo. Tarent.

Weak. Absinth, Ast-rub., Cedron.

Weeping. Cup.

Attack begins with

Aura from epigastrium. NUX-V.

Blood rushing to head. Calc-ars.

Coldness, icy from head down back, Ars.

Coldness, over whole body. Sep.

Consciousness, loss of. Absinth.

Consciousness, sudden loss of. Hydr-ac., Tuberc.

Convulsions, sudden. Apis.

Cries, loud. Enanthe., OP., Zinc.

Cry, a. Lach,

Cry, a wild. Bufo., Cina.

Dizziness. Cedron., Hydr-ac., Indig.

Electric shock. Art.vul.

Falling. Absinth., Bufo., Ast-rub-

Falling, forward. Ast-rub.

Falls, suddenly, with cries and convulsions. Hyos.

Falls, unconscious. Lach., Mag-c., Sumb.

Falls, suddenly, with black face. Enanthe.

Falls, suddenly, as if dead, with pale face. Stram.

Fidgety feet. Zinc.

Hands, lameness of. Kali-bichro.

Headache and tension in spine. Nat-m.

Jerks, sudden, through body. Ars.

Pain in left arm. Calc-ars.

Pain in heart. Calc-Ars.

Pain, violent, in epigastrium. Glon.

Palpitation, strong. Calc-Ars.

Pressure from epigastrium to throat, thence to head. Nux-v.

Rigidity, with sudden jerks. Cic-v.

Rigidity, sudden- Mosch.

Screaming. Cup-ac, Stram., Tuberc.

Screams, followed by faintness or swooning. Hydr-ac.

Shrieks, dreadful. CAMPH.

Shrieking, sudden Kali-c.

Sigh, long-drawn, and sinks into unconsciousness. Bufo-

Stiffening, sudden, of body. CHAM., CINA.,

Twitching of muscles of face about eyes. Hyos.

Twitching in corner of mouth. Igt.

Twitching of hands, then general convulsions. Sul.

Vomiting of food. Hydr-ac-

Attack begins in

Arm. Bell-

Extremities, and spreads over whole body. Cup-

Face. Dulc.

Face, twitching, spreads all over the body. Sec-c.

Fingers and toes. Cup.

Left side and goes to right. Sul. (Lach.).

Periphery, and extends upward. Cup-ac.

Plexus, solar. Bufo, Indig.

Plexus, solar, and spreads to brain. Sil.

Toes. Hydr-ac.

Twitching in hands, then general convulsions. Sul.

Upper and lower extremities, and spreads to whole body.

Tarent.

Wound, a. Ledum.

"Part affected."

Arms. Arum-tri., Camph., Can-sat., Carb-ac.

Arms and trunk. Can-sat.

Body, one-half, other side lame. Apis.

Body, various parts of, at various times. Hyos.

Back, muscles of. Hydr-ac.

Eyes. Acon.

Feet. Art-vul., Camph.

Hands. Art-vul., Arum-tri., Camph.

Jaws, convulsed, in new-born children. Camph.

Jaw, lower. Camph.

Limbs, clonic. Dolich.

Side, left. Glon., Ip., Calc-ph.

Side, right, left paralyzed. Art-vul.

Side, one. Cup.

Side, one, face and shoulder. Aurant.

Attack caused or aggravated by

Abortion, after. Sec-c.

Alcohol, abuse of. ALCOH., NUX-V.

Anger, NUX-V., Op., (Cham).

Anger, of nurse. Cham.

Blood, loss of. China.

Blows or concussions to head. Hyper.

Coitus, after. Cedron.

Climaxis, during. Lach.

Cold, from a. Indig.

'Cold, from catching. Nux-v.

Contact, least. Bell., CIC-V.

Cooling off, while overheated. Art-vul.

Catarrh, suppressed. Camph.

Dentition. ART-VUL, Coff-crd., Igt., Mag-ph., Millef., Pod., Stan., Verat-a. Zinc.

Dentition of eye-teeth. Chlorum.

Disturbed, when Atr-sul.

Drink. Canth., Lyss., STRAM.

Eczema, suppressed. Kali-m.

Emotion, mental. Coff-crd., Igt., Kali-br., Sul.

Eruption, suppressed. Agar., Ant-t., Calc-c., Camph., Caust., Stram., Sul.

Eruption, before breaks out. Cup-ac.

Exanthema, at outset of. Crot-hor.

Fever and diarrhœa. Art-vul., Hydr-ac.

Footsweat, checked. SIL.

Fright. Agar., Art-vul., Bell., Bufo., Calc-c., Caust., Cup-ac., Cup., Hyos., Igt., OP., Stram.

Fright, during menses. Arg.nit.

Grief. Ars., Art-vul., Hyos., Igt.

Heart, valvular diseases of. Calc-ars.

Indigestible food. Ipec.

Indigestion. NUX-V.

Injury, after. HYPER.

Injury to head. Nat-sul.

Laughing or crying. Bell.

Labor, after. Millef.

Light, bright. Canth., Lyss., STRAM.

Meals, after. Hyos., Igt., Calc-ph.

Measles, repercussion of. Bry.

Measles, after. Cham.

Menses, suppressed from bathing. Calc-ph.

Menses, sudden checking of. Cocc., Gels., Millef.

Menses, before. Carb-veg., Igt.

Menses, during. Cedron., CIM., Kali-br., Lach. (*Enanthe*), Plat.. *Tarent*.

Menses, after. Igt.

Menses, at establishment of. Caul.

Menstrual disturbances. Art-vul., Caul.

Motion. Cup-ac.

Moving limb. Ant-t.

Noise, sudden. Sul.

Onanism. Bufo., Calc-c, Lach.

Opening door. CIC-V.

Ovarian irritation. Atro-sul.

Pain. Vespa, Bell.

Parturition, during. Chin-sul.

Pregnancy. Cic-v.

Pressure on brain during delivery. Hepar,

Pressure over solar plexus. NUX-V.

Puerperal state. HYOS., Verat-v.

Puberty. Caust.

Punishment, in children. IGT.

Religious excitement. Verat-a.

Sexual indulgences, excessive. KALI-BR.

Scarlatina, suppression of. Camph.

Sleep, loss of. COCC.

Suppuration of internal parts. Bufo.

Swallow, any attempt to, speaking, current of air, sight or idea of fluids, running water, contact-light, noises or strong odors. Lyss.

Touch, Sul.

Trouble, domestic Staph.

Uterine irritation. Tarent., Viburn-op.

Vaccination, after. SIL.

Vomiting, during. Guarea-trich.

Water, sound of running or falling. Canth., Lyss.

"Attacks prevented or ameliorated by"

Lying on back. Igt.

Lying down. Cup., Cup-ac.

Riding in carriage. Nit-ac.

Water, putting feet in hot. Bufo.

Water, drinking cold. Caust.

Time of Attack.

Two o'clock A. M. Kali-br.

Four o'clock A. M. Kali-br.

Morning. Art-vul.

Dawn. Plat.

Day, during. Calc-ars.

Evening. Calc-c., Caust.

Noon, toward. Acon.

Night, at. Arg-nit., Art-vul., Calc-ars., Calc-c., Caust., Cina., Merc., Sec.c., Sil.

Sleep, during. Bufo., Chloraf., Cup., Hyos., Igt., Lach., Op.

Midnight, at. Cocc., Bufo-

Closing eyes, on, to sleep. Hydr-ac.

Table, at the. Mag-c.

Same hour, returns at (Cedron), Igt.

Every seven days. Chin-sul., Croc-sat.

New moon. Bufo., Caust., Cup., Kali-br., Sil.

Full moon. Calc-c., Nat-m.

THE STUDY OF HOMEOPATHY.

The blessed Art and Science of Homeopathy having come to us almost as a heritage, we have not been able to appreciate; its many good effects so much as those who were converted to Homeopathy after having been men of the dominant school for sometime. My father who was an allopath only for a short time after graduating from the Calcutta Medical College, frequently tells us of the bitter experiences he had had during that short time. My late lamented grandfather Dr. Behari Lal Bhaduri, who was converted to Homeopathy after having been in Government service for sometime, used to tell us frequently how sorry he was that he was; ever an allopath. This very gentleman, who was a good surgeon and did his work with credit to the Government, used to ridicule and laugh at Homeopathy, when he heard about it, when Dr. Berigny first introduced Homeopathy in this country. My mother tells us, even to this day, how he would have a good laugh explaining to his patients the action of Homeopathy. He would tell them that a new system had been introduced in Calcutta, where a few crazy people were trying to effect cures by the administration of water in such cases as cholera, typhoid fever and the like. These people would drop a few drops of a certain drug in the river Ganges as it were in the northern side of the town and get a bottle of the same water from the southern part of the city and this they believed would effect such wonderful cures.

But this very gentleman became the Behari Lal Bhaduri of Calcutta, one of the pioneers of Homeopathy. We sometimes notice patients getting impatient because they suppose cure is not effected as quickly as under the dominant system of treatment. To these people I frequently f eel like saying, go

and try the other system of treatment and then come back and tell me how quickly you get well under the other system of treatment. Apart from the good taste and the harmlessness of homeopathic medicines, the action of our drugs is far better in every way than all the other systems of medicines. Very frequently a so-called serious malady with a big pathological nomenclature gets well under homeopathic treatment almost imperceptibly without the application of any of the many modern heroic and awe-inspiring appliances. Naturally then people cannot appreciate homeopathy, because it is so simple and so good in its results.

About the use of our drugs, the late lamented Dr. H. C. Allen used to say very frequently:—Begin where we leave off, don't begin from the beginning again, because then you make little or no progress.

J. N. MAJUMDAR, M. D.

ALTERNATION OF REMEDIES.

By Dr. E. MAHONY.

In considering this important matter, the first great point is to understand the great law of similarity: the degrees of similarity which exist between simile and simillimum, and so as a starting point or basis, I will quote Hahnemann's statement as to this. He says: "There is no intermediate degree between idem and simillimum; in other words, the thinking man sees that simillimum is the medium between simile and idem. The only definite meaning which the terms 'isopathic and æquale' can convey is that of simillimum; they are not idem."

In speaking of the two other possible modes of treatment besides the homeopathic, namely the heteropathic and anti-

pathic, he clearly shows that they are not trustworthy, so need only be mentioned in order to complete the inquiry and recognise that they do not come into the question. Simile then, we may say, is in the right direction, but defective because, in any case, insufficient, and therefore giving opportunity for other principles to come in; simillimum, on the other hand, is ideal homeopathy, because in the very nature of things it leaves no place for other forces to obtrude, as evidently no two forces, medicinal or other, can by any possibility be most similar to the same condition of disturbed vitality at the same time. It must be plain that the medicament which is most like in symptoms to the case of disease in question, commands the entire person and consequently any other medicinal force introduced cannot be a similar. much less a simillimum, and its action must be of the nature of a collision, and tend to interfere with the curative action of the first medicine.

We must remember, too, how insistent Hahnemann was that the law of similars was the only law of cure, though he had no objection to adjuvantia in the way of diet, regulated mode of life, climatic and general influences and surgical handicraft; but never in the way of cure; any one of these or all together could never cure any disease whatever; let all be kept in their place, and if this be done there will be no interference with the healing virtue of the carefully chosen medicaments administered under the unfailing and potent law of similarity.

Now it has been averred that Hahnemann himself alternated, but let anyone who thinks so bring a single instance from any of his published writings in which he has taught or practised inconsistently with the above remarks, whether in speaking of acute or chronic disease. True, he often uses the expression "alternation" but wherever he has defined

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what he means by that word, whether in treating acute or chronic conditions, he is most careful to say that symptoms must be differentiated, and having given one medicine, another must not be given unless it is clear that there are different symptoms calling for it, though this, of course, in an acute disease, eg., cholera, may occur in even a few minutes, and having given this second medicine, the symptoms removed at first by the first medicine may recur and require another dose of that one, but in every case there must be observation of a change having occurred in the symptoms before a corresponding change is made in the administration of the remedy; never such a thing as leaving two medicines to be taken alternately every hour, two or three hours in routine. This is the alternation that one may safely say he abhorred, and so must everyone who at all appreciates the genius of homoeopathy. Of course every one who goes in for alternation of remedies in the modern sense of the word admits deficiency, else why want to alternate ?

In other words, alternation by routine is a confession, tacitly at least, that the simillimum has not been found. This thought of the rejection of routine in alternation will be found (at least if we can read between the lines, and Hahnemann's writings require this) to run through his writings. Thus, in speaking of the fact that treatment by non-antipsorics could never cure where the psoric miasm underlaid the explosion of latent psora, he says the same medicine repeated in recurring acute attacks was gradually less efficacious with each recurrence, because the latent miasm was unreached, in other words the non-antipsoric could not command the entire condition.

Again, he says in cases in which there were too few symptoms, therefore not a complete similarity, the medicine

must be added to the symptoms of the disease present in order to complete the images of the disease; in other words, produce a complete similarity; now were a second medicine given in routinism, this would cause a further complication, as there could not be two similarities at work in the same condition at the same time; such a state of things would be contrary to the indivisible unity of the body. Again, there are many medicines which produce symptoms "directly opposite to other symptoms that have previously or subsequently appeared." Now in these cases it is evident that another medicine working at the same time must cause a serious clash, whether checking the action of the first or altering it in some way and so increasing confusion, and the correct observation of the altering condition.

In a word alternation by routine is only another form of the polypharmacy which, in the past, has produced so much wreck and ruin, and stands in direct contrast to the practical, scientific and invaluable practice of alternation by observation, always one medicine only at a time until an effect is noticeable, and a second one never to be introduced until a change in the symptoms calls for it.

-The Homeopathic World.

LAC CANINUM* By C. I. BIDWELL.

Rochester, N. Y.

The potentized dog's milk is one of our most useful remedies at this time of the year, and is frequently indicated in La Grippe and Diphtheria.

^{*} Read before the Homoeo, Med. Soc. of the State of New York.

Like lachesis, this remedy has met with violent opposition from prejudice and ignorance. It was first successfully used by Diocoriues, Pliney and Sextus in ancient times, and was revived in New York by Reisig and Swan in the treatment of diphtheria. Resig was the first to use it in the potency.

The key-note of lac caninum is the changing about from side to side. The pains fly from one side to the other every few hours. In the morning the membrane may be on the right tonsil and in the afternoon have left that side, and gone to the other. These changes may occur repeatedly through the course of the disease. The coryza affects first one nostril and then the other, and so we might go on enumerating as we find this modality all through the remedy.

The lac caninum patient has marked mental symptoms. He is very forgetful, absent-minded, makes purchases and walks away without them. He uses too many words, or not the right ones, omits the final letters in words when writing. He will call the object he is looking at rather than the one he thinks about. Great depression, imagines he is going to die of some disease, afraid he will become insane, great melancholia, he thinks he has not a friend living or nothing worth living for, could weep at any time, averse to being alone, wants some one at bedside constantly, wants to be changing position, will do first one thing and then another, fear of going down stairs, will not go down or near stairs for fear of falling, chronic blues, everything seems so dark, there is no hope, attacks of uncontrollable rage, curse and swear, damn everything upside and down, child is cross and irritable, cries and screams all the time, but more especially at night.

The throat symptoms of lac caninum are very characteristic, the diphtheretic membrane is white like china. The mucus membrane of the throat glistens as if varnished.

Throat is very sensitive to external pressure. The membrane usually begins on the left side, but leaves one side and goes to the other repeatedly. The patient has to swallow constantly, although very difficult and painful. The pains are pricking, cutting and shoot into the ears when swallowing, aversion to liquids, especially water, but if liquids are taken they must be warm, although they may return through the nose at any time.

Edema of the larynx, or the membrane, may begin in the larynx and extend upward Corners of the mouth sore, cracked and bleeding easily. Many of the cases of pharyngitis, tonsilits and throat irritations come at the menstrual periods.

Lac caninum patient has a great hunger but no matter how much he eats he is just as hungry. This hunger is associated with a sinking feeling at the epigastrium and faintness in the stomach. The menses are too early and too profuse, flow in gushes of bright red blood, or may be viscid and stringy, the breasts are swollen, painful and very sensitive before and during menses. Worse by least jar, and towards evening, must hold them firmly when going up or down stairs. This remedy is also very useful when it is desirable to dry up the milk. The lac caninum backache is intense and unbearable across the super-sacral region extending to the right nates and right sciatic nerve, worse by rest and on first motion. The spine aches from base of brain to coccyx and is very sensitive to touch and pressure.

The lac caninum patient resembles the rhus patient in many respects, especially is this the case in a la grippe; when we see the coryza, the injected conjunctiva, the eyeballs sore, sensitive to light and pressure, the severe bone pains with a restlessness, think of lac caninum more often and your cases will respond more quickly, be cured more

easily and without any of the distressing sequelæ. Will give you a few cases !from my records, which have been cured by lac caninum.

CASE I.—Mrs. J., age 37. Gave history of profuse menstruation, for past six years dating from abortion, menses every twenty days, profuse bright red blood, breasts sore, swollen, and so tender bed clothes were painful, one week before and lasts for first three days of flow. At this time she has troubled dreams all night and sleep does not refresh her. Nat. mur. given in several potencies without results. Lac can. 1 m. one dose cured case in two months.

CASE II.—Miss Anna M., age 25, consulted me for aphonia and sore throat which had been troubling her for over a year at each menstrual period. Five days before each menses she would be hoarse and lose her voice each night, after flow became well established, throat symptoms would gradually get better until they would all disappear two to three days after menses. Lac caninum 200, four doses cured case and these symptoms have not returned.

CASE III.—Mrs. B., Primipara, labor normal, 8 hours, child weighed seven pounds. On seventh day developed phlegmasia alba in left leg. Pain almost unbearable at supersacral region extending down the course of saphenous. Pain after midnight, compelled her to change position constantly. Cramps in leg and foot on affected side, rhus tox, 200. At the end of week symptoms left this side and went to the other. Lach, and bell, were both given at different times for this condition but no change. The swelling and pain went back to left side on the 14th day. When lac caninum was given the symptoms steadily improved until on the 19th day all pain, tenderness and swelling had disappeared.

CASE IV.—Miss F., age 22, nurse, always enjoyed best

of health. Sickness began with temperature of 103, continued to run between 103 to 105 for 36 hours. Hoarseness, croupy cough which seemed to tear larynx apart and made patient cry. Pulse full bounding, eyes sensitive to pressure and light, pupils dilated. Throat looked 'red and inflamed. Third day typical scarlatina rash appeared on neck, chest and axillæ. An account of epidemic of diphtheria in school, culture was taken second day and showed Kelbs Loeffler Bacilli. Bell. had been given up to this time with no improvement. Third day in evening white glistening membrane appeared on left tonsil, by the next morning it had gone to right. The throat was so sensitive that nightgown had to be loosened. The muscles of neck were stiff, sore and contracted. Pain shot into ears. When swallowing all liquids were returned through nose. Lach, was given. The next morning the membrane had gone from right side back to left. Lac caninum was given and case went on improving from this time to be cleared on the twelfth day.

-The North American Journal of Homeopathy.

GELSEMIUM.

BY WALTER SANDS MILLS, A.B., M.D.

Professor of Practice, New York Homeopathic Medical College and Flower Hospital. New York, N. Y.

Gelsemium sempervirens was brought to the attention of the homoeopathic profession mainly by the writings of the late Dr. E. M. Hale. It had been used occasionally before his time, but Dr. Hale made an exhaustive study of it which may be found in his "homoeopathic materia medica of the new remedies."

Gelsemium sempervirens, the yellow jessamine, is a plant indigenous to the southern part of the United States. The

medicinal preparation is made from the fresh roots. Like all remedies made from plants, gelsemium gives better results when used in the liquid form. My personal preference as to the potency in this particular drug is the second or third decimal. I use ten drops of the dilution in four ounces of water, administered in teaspoonful doses every half to every two hours according to circumstances.

My most frequent use of gelsemium is in influenza. The patient feels hot and feverish, yet every time he moves he has chills up and down his back. The thermometer shows fever of 100° F or higher. The head is heavy and dull, and may ache. The face is apt to be more or less flushed. The pulse full, soft, and quickened. The throat may be sore. In cases like this—and there are many of them at this season of the year—gelsemium is almost a specific. A few doses will usually end the whole thing in a few hours.

Case I—Man, aged 22. Complains of aching all over the body. Very restless. Feverish, whenever touched, or whenever he moves, it sends a chill through him, coughs, no headache, no sore throat. Next day patient much improved in every way. Has slept greater part of time for eighteen hours, aches less. Fever and chilliness gone, next day patient was about as usual.

Case II.—Man about 50, chill last night, restless, temperature this morning, 103.4°, aches all over. Temperature at night 102.4° Slept much through day. Second day temperature 100° in morning, 99° at night, feels good, third day back to business.

Another type of case in which gelsemium is useful is in nervous persons, subject to palpitation. Every little thing startles them and makes the heart beat rapidly, they feel as though the heart would stop beating. Sighing respiration, so nervous they cannot get a long breath. For example:—

Case III.—Woman aged 25, a clerk, troubled with palpitation after going to bed. Feels as though she needed a long breath, headaches, gas in stomach, dizzy at times. Numb feeling in arms and legs. Gelsemium relieved this patient very promptly—within twenty-four hours; for many months afterwards she kept gelsemium on hand for emergency use.

Still another class of cases where gelsemium is of distinct service, is during labor, when pains have become regular and strong, but the os does not relax, gelsemium given at this time, in appreciable doses every ten or fifteen minutes, will soften the os and labor will progress satisfactorily.

In intermittent fever gelsemium is sometimes indicated. I have no compunctions against using quinine in this disease when the symptoms call for it, but they do not always call. Other remedies may be indicated, and gelsemium is one.

In the gelsemium cases the chill is distinct but not severe. The fever is severe and the sweat profuse. The paroxysms are accompanied by severe headache, the headache appears early in the day and the chill comes on in the afternoon. I have seen a number of cases respond within a few days, cases that had been running for some time. The paroxysms became less severe immediately and ended altogether after the second recurrence following the giving of gelsemium. In no case so treated has there been a return for several years.

Gelsemium is also of service in certain cases of sunstroke with dull flushed face, especially in damp muggy weather. There is much headache of a dull character, and the patient is stupid and apathetic.

Altogether gelsemium is a most useful remedy, frequently indicated. There are many more uses for it than are mentioned here, but the above practically covers my personal experience in prescribing it, —The N. A. Journal of Homeopathy.

Book-Review. Leaders in Respiratory Organs .

By

E. B. NASH, M. D.

Author of Leaders in Homeopathic Therapeutics &c., Philadelphia. Boericke and Tafel.

As usual with Dr. Nash, it is a wonderfully practical book. It is an indispensable guide for students and practitioners in finding out the therapeutic agents in the treatment of diseases of respiratory organs. It commences with the masal catarrh and ends with cough. The portion devoted to the consideration of tuberculosis is replete with valuable hints. Over forty pages have been devoted to the consideration of pulmonery tuberculosis alone.

We are so charmed with every thing the doctor has said in it that we are tempted to quote a para here.

About commencing treatment the author says "This we believe to be very true, and that the proper and timely exhibition of the indicated drug, according to the well known homeopathic principles, is the important and indispensable agent with which to establish and maintain this "vital resistance of the individual" and it makes no difference at what stage of the disease it must be the remedy indicated by the symptoms at the time, that must be used. Cough, dyspnœa, fever, sweat, chill, loss of weight, anemia, sputum &c., each and all go to make the picture which must find its similar counterpart in the corresponding remedy whether in the incipient or advanced stage where caseation, ulceration, and hemoptisis are almost to close the scene. It is impossible to say what remedy will be called for in any individual case at the beginning but we will very often find one of the following list indicated,

Sulphur, Psorinum, Tuberculinum, Hepar sulphur, Calcaria ost, Phosphorus, Arsenic alb and sanguinaria. We recommend this valuable work to all our students and practitioners. The publisher's part of the work is admirably executed.



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টিউব শিশিতে হোমিওপ্যাথিক ঔষধ ড্রাম ৴৫, ৴১০ পরসা। এম, সি, দাস এণ্ড কোং।

১১৫। ৫ কর্ণওয়ালিস খ্রীট, শ্রামবাজার, কলিকাতা।

ঔষধসমূহ আমেরিকা ও জার্মানীর প্রধান প্রধান ঔষধালয় হইতে আনাইয়া প্রকৃত মূল্যে বিক্রের করিতেছি।

ভাক্তার স্থারীমোহন দাস (হোমিওপ্যাথিক) এল, এম, এস, দারা ঔষধালর পরিচালিত। গৃহ ও কলেরা চিকিৎসার বাল্ল, পুত্তক, ভুপার, ক্যান্দার সহ ১২, ২৪, ৩০, ৪৮, ৬০, ৭২, মূল্য ২১, ৩১, আ৮০, ৫০০, ৬০০ ৭০০ টাকা।

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THE INDIAN HOMEOPATHIC REVIEW.

A Monthly Journal of Homeopathy and Collateral Sciences.

Vol. XIX.] SEPTEMBER 15, 1910.

[No. 9.

DUTIES OF A PHYSICIAN.

CASE-TAKING.

Hahnemann has said that the first and chief duty of the physician is to heal the sick and that also in the safest, quickest and most harmless manner possible. Besides this there are many other functions that the physician has to perform. In order to heal the sick, the physician requires to have a knowledge of the fundamental branches of medicine. Unless we know the structures of the human economy thoroughly well and unless we understand the nature of the functions of the human economy, or in other words unless we are thoroughly conversant with the human anatomy and physiology, and also with the nature of the changes that these organs and tissues undergo when in disease, i.e. in those diseases that are common to human beings generally, i. e. a knowledge of human pathology, how can we even attempt to heal the sick? These are only the pre-requisites of the study of medicine. Now in order to be able to heal the sick we must also know what are curable in diseases and what are not.

By virtue of our knowledge of the human anatomy and

physiology and pathology, now we approach our patient, in order to find out what ails him or what is materially wrong with him. Now in doing this we have to examine the patient. This perhaps is the most difficult of all the physician's duties. Now taking for granted that we know how to examine the patient, we very often go at it in such a fashion that we frustrate the very object we are trying to assure. Bartlett has very truly observed "that more mistakes are made by not looking than by not knowing." We very often do not take the time or the care to examine our patients properly. If we take the case properly, the most difficult part of the duty is done. In taking the cases we are confronted with various difficulties. Modesty very often prevents the patient from revealing the actual state of affairs to you. Then we must approach the patient in the right way. Leading questions are very misleading. This is particularly true in this country where an erroneous idea prevails that if you magnify your disease. and make it look serious, the doctor will pay more attention and try to cure you all the more quickly. Moreover, sometimes they think that they will please their doctor the best if they give him agreeable answers to all his questions, so that they are afraid to give a negative reply to the physician's questions. I can personally testify to cases where grave errors have been made in this way. Sometimes again patients, put too much stress on reflex symptoms, which are but the manifestation of some grave disease somewhere else. Now, a word about so-called modesty. Patients must allow the physician to examine them thoroughly and hide nothing, from him. If they have not that confidence in the physicians they should not go to him at all. In this connection, it is also to be observed that physicians should also observe their secrets religiously.

w After taking the history of the case completely, the

physician must proceed to make a thorough examination of the patient, or in other words he must note all the subjective and objective symptoms most thoroughly. In doing this he must not be content with asking a few questions or feeling the pulse etc., but he must bring into requisition all the most modern and uptodate methods of examination, i. e. he must utilize all the modern appliances that the great discoveries in science have given us, as for instance, the microscope, the Xray, the sphygmograph, the manometer, etc. etc.

In examining patients "it should be the duty of every physician to keep systematic records of all cases presenting themselves to him for treatment. Such records are valuable in many ways. They cultivate proper methods of clinical work; they enable the physician to refer to the past history of the patient, and to formulate his observations and present them as finished scientific essays to his confreres. If there is any one thing that is of paramount importance in making the finished clinician, it is the habit of keeping systematic and exhaustive records of all his cases."—Bartlett.

CHOLERA ASIATICA.

(Continued from page 384, No. 12, Vol XVIII.)

Mercurious Solubilis—This is the great soluble Mercury of Hahnemann and nearly all the symptoms of Mercury are from the provings of this drug. Profuse sweating is one of the leading symptoms of Mercury. There is great weakness with trembling from the least exertion. Intense thirst, although the mouth is moist (Rev. Pulsatilla.)

Mercury is worse by the heat of, but better by rest in bed.

Arsenic is better by the heat of, but worse by rest in bed

The stools are green and frothy, watery and colourless, undigested, frequent, hot and gushing. Sometimes watery with greenish scum floating over it.

Nausea. Vomiting of bile, of bitter mucus. Pinching colic. Violent urging, a never-get-done feeling.

The face looks pale, earthy and yellow. Great thirst, particularly for cold drinks.

Mercury and Silicea do not follow each other well.

Mercurius may be used in any potency beginning with the 6th and going up to the c. m.

Muriatic Acid—This remedy will be called for in the later stages of the disease, particularly when typhoid symptoms supervene.

Disease of an asthenic type, with moaning, unconciousness and forgetfulness.

Great debility, the lower jaw?hanging down, the patient glides down in bed, it is difficult to keep his head on the pillow.

The stools are involuntary, while urinating or passing wind. Cannot urinate without the bowels being moved at the same time.

The stools are watery, bloody and slimy. Profuse.

The face looks pale and sunken; sometimes flushing suddenly. The breath is foul. There is nausea and vomiting.

The pulse slow and weak, sometimes intermittent.

In typhoid or typhus with deep stupid sleep. The 30th and the higher potencies are generally used.

Natrum Carb—This is a very useful remedy for the diarrhea of dyspeptics. It may be called for in choleraic diarrhea, particularly when it happens in dyspeptic subjects. Aggravation from milk is one of the leading characteristics of the drug. The stools are generally watery, yellow, and may at times be mixed with blood. Like Sulphur it has the

peculiar empty gone feeling at 10 or 11 A. M. Bell says it will rarely be called for in diarrhoea, but it may sometimes be useful, if there is the characteristic aggravation from milk.

Natrum Sulph—It is the great hydrogenoid of Grauvogl and has been used with great advantage in various complaints of the alimentary tracts, but we find it more useful in chronic ailments. Flatulence is one of the guiding key-notes of the remedy. The stools are thin, yellow, and at times gushing. It may also be involuntary. It is made worse in the morning after moving about. During stool there is profuse emission of flatus and the pain and discomfort are relieved after stool.

The aggravation in the morning and the flatulent symptoms are characteristic.

Natrum Sulph is used in the 30th and the 200th potencies. The higher may also be used with advantage.

Nicotinum-I was led to use this remedy by my learned colleague Dr. D. N. Ray. He used this remedy with marked good effect in a case where Tabacum failed. I do not know whether this remedy has any symptoms from provings, but I will narrate some of the symptoms as related by Dr. Ray:—

The alkaloid of Tabacum is largely used in medicine. The difference between Nicotine and Tabacum is, the symptoms of the former are much milder than those of the latter; for instance in a case of constant violent nausea, icy coldness of the extremities, rapid collapse, I would administer Tabacum. But if the symptoms were milder, I would prefer Nicotine. I can assure you this kind of use of Nicotine has proved quite a success in my hands.

Symptoms: —Vertigo, stupefaction, dilated pupils, dryness of the throat, no appetite, no thirst, eructations with vomiting, nausea with inclination to vomit, vomiting relieves, no

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stool, no urine, occasional hiccough, pale face, pulse and rest piration very irregular, cold sweat on the forehead, great exhaustion, icy coldness of the extremities. Dr. Ray recommends the 6x and the 12x potency.

Here is a case to the point :-

One young lady, aged about 16 or 17, mother of two children, residing at Chytun Sen's Lane, was taken ill with vomiting and copious watery stools on the morning of the 12th January, 1904. She was given a few doses of homeopathic medicines by a physician of his neighbourhood. But as the relations of the patient were not satisfied with the progress she was making, they changed the treatment to allopathy, and she had enough of medicines both internally and hypodermically till the 14th January, when her condition became almost hopeless. She was again given homeopathic medicine; I was called to see the case in consultation with another physician; when I saw her at 10 A. M., on the third day of her illness, she was in a state of complete collapse, -pulseless, coldness of the extremities, sunken eyes, pinched face, blueness of the extremities, purging less frequent, as she had passed the last stool at 3 A. M. and none since. The most distressing symptom was the violent continuation of retching, and at times vomiting of blue substances, hiccough now and then, some four or five at a time, no secretion of surine since 3 P. M. of the day she got ill. She could answer my questions only in a feeble voice; her eyes red and lower part of conjunctiva looked ulcerated. As a dose of stimulant ether mixture and hypodermic injection of ether were given at 7 A. M., just 3 hours before my arrival at the patient's place, I did not give Nicotin which was the best simillimum to my mind for her. I gave her a dose of Nux. v. 30. and asked the attending physician to watch its effect for an hour or two and if no changes took place to give her Nicotin 6

which I left in a phial with him. The doctor waited for a couple of hours as was directed, and having found no change in the patient's condition for the better, he administered for the first time a dose of Nicotin 6 at noon. Within a short time there was less retching and the medicine was continued every 3 hours. In the evening I came to see the patient, and did not find any great improvement in her condition except that there were no more retching and vomiting, and the feeble pulse was felt at the wrist. But on the other hand she became slightly drowsy at times, moaning and groaning when stirred. I advised to give her a few doses of Apis Mel. 6x during the night, and in case she should show any tendency to violent delirium I left Bell. 30 for her with the physician. It so happened that the patient became very violent and the attending physician had, to give two doses of Belladonna 30 to quiet her. On the morning of the 15th January her principal complaint was soreness all over the body. in fact she was afraid of being touched anywhere in her body. She was very drowsy but the slightest touch in any part of her body caused her to scream. No stool, no urine, with difficulty she could open her eyes, which were congested and slighly ulcerated. I gave only one dose of Arnica 30. and asked the attending physician to watch her carefully and if no improvement was perceptible within three hours. to give her Opium 6 every 2 or 3 hours. In the evening she became quite senseless and did not recognise her own mother and other attendants. There was a tendency to violence again. She wanted to get out of bed and run away, and was moaning and groaning with drowsiness. She was given Agaricus Musc. 6x. during the night, and under its administration she became quiet but there was no sign of consciousness. She passed an involuntary stool containing somewhat fresh matter at night. On the morning of the 16th when I

visited I noticed complete unconsciousness and there were many symptoms of uramia. I gave Decoc. Apocynum two drops for a dose every 2 hours. After two doses of the medicine she passed large quantities of urine at noon (after nearly 8 hours). But the passage of urine did not alter her condition in the least. The unconsciousness was continued, and the same medicine was also continued at 4 hours' interval. She had two doses more of it by ten at night and then all medicine was stopped. In the morning of the 17th, the report was that she passed two or three stools at night and also passed urine twice. The condition of the patient remained unchanged. She was still unconscious and drowsy. I gave her Acid phosphoric 6. She had two doses but still there was no improvement in her condition. Cina 30 was given and she passed two stools during the day and a round worm of considerable size with one of the two stools. No medicine was given at night. When I visited her on the morning of the 18th January, the report was that she passed 4 stools (fæcal matter) and passed urine 6 times, copious in quantity each time. She was still unconscious and did not answer questions and was so irritable that slightest touch on any part of her body would make her cry, moan and groan. She would not ordinarily open her eyes, but when she did, the look was perfectly indifferent and vacant. I gave her a dose of Sulphur 30 and then left instruction to continue Apis Mel. every 2 or 3 hours if there was no improvement. Next day when I came to see her, the report of the previous day was satisfactory, i. e., she gained consciousness in the previous evening after a dose of Sulphur 30 and some 3 doses of Apis Mel. She had two stools and passed urine several times at night. She was perfectly unconscious this morning. I gave her few doses of Sac lac. She had no medicine the whole day and night. On the 20th of January a kind of measly eruption was visible over her body and face, and by the evening these rashes became quite prominent and the temperature rose to 104°F. The patient again became very restless. Two doses of Rhustox 30 were given during the night and fortunately the fever left her the next morning and those eruptions mostly disappeared. She had two doses of the same medicine again the next day (21st.) There was no accession of the fever, the eruptions disappeared and she made a rapid recovery.—D. N. Ray.

Nitrio Acid—Like Hepar sulphur, it is one of our principal remedies to antedote the effects of syphilis and mercury. It is found especially suitable to certain forms of diarrhea from which infants suffer very frequently. But the constitutional symptoms of Nitric Acid should be studied carefully.

Excessive physical irritability is characteristic of the drug. The pains are excruciating, of a sticking, pricking character as from splinters.

Ulcers bleed easily and have irregular edges with the characteristic pains. Uurine is like horse's urine. It is generally scanty, high-coloured and strong-smelling, and the patient feels cold when it passes. The stools are scanty and passed with great straining. Yellowish white, green, mucous and offensive.

There is nausea and colic. Great exhaustion, nightsweat, debility, intermittent pulse &c. are some of the symptoms. It resembles Arsenic in the morbid fear of cholera. We have generally used the 30th potency of the drug.

Nuphar Luteum—This is not a remedy with a very wide range of action but it has some marked symptoms. The yellow watery diarrhœa with the feeling of weakness following the motion is characteristic of the drug. In cholera this is a marked symptom. Very frequently a single stool exhausts the patient completely. He is unable to move. In these cases

if Nuphar is administered timely, a calamity might be averted.

The stools are yellow, watery and painless.

The face looks pale and the eyes discoloured.

Sensation of weakness and loss of power in the limbs. General exhaustion.

We have generally used it in the 6th potency.

Nux Moschata—I have used this remedy with excellent results in several cases of cholera. There is one case already narrated, under Calcarea ars. The drowsiness, the marked tympanitis and the characteristic tongue have led me to use this drug in cholera with very good effect.

All the ailments of Nux moschata are accompanied by drowsiness and sleepiness. In fact it occupies a place midway between Ant. Tart and Opium in this respect. Stupor and insensibility, unconquerable sleep.

Absense of mind, cannot think, great indifference to every thing.

Vanishing of thoughts while reading, talking or writing. Hysterical mood—sudden change from grave to gay, from lively to severe. Becomes apparently senseless.

Great dryness of the mouth, the tongue adhere to the roof of the mouth.

Abdomen enormously distended. The stools are thin, yellow and undigested, sometimes putrid and very profuse. In summer from cold drinks, white stools (Colchicum), Irresistibly drowsy; sleepy, muddled, as if intoxicated, coma, lies silent, immovable, eyes constantly closed (with Sterterous breathing—H. C. Allen.) I generally use the 30th. The 200th and the higher potencies may also be used.

Here is another case:—A young lady was attacked with the disease while attending on her uncle who was suffering

from cholera. She was already much reduced in health having lately undergone a very serious operation.

I saw her in the morning and found her having frequent yellow stools with griping pains. She also vomited several times. She was of a melancholic disposition and had indulged in sweets and pastry the night previous. Pulsat. 30 every 3 hours.

I visited her again at 3 P. M. and found the whole house-hold in great commotion. Although the purging and vomiting were somewhat better, she suddenly had a sort of a hysterical attack which frightened every body very much.

I had left another physician in attendance whose timely administration of a dose of Nux moschata 30 had very good effect. Now the patient came out of the attack very nicely but strange to say her power of speech was completely gone. The husband of the patient was very much alarmed. I assured him that it was only due to weakness and would be all right soon.

Placebo continued. I saw the patient again at night and found her in about the same condition, only the vomiting had been somewhat distressing and constant. Iris Vers. 30 two doses during the night,

The next morning I saw the patient early. She had slight fever and she complained of headache. Her pulse was excited and a bad complication had arisen. The menstrual flow had made its appearance. This is a very distressing complication and I dreaded it very much.

Bellad. 30 every 3 hours during the day. I saw the patient. in the evening again and found her somewhat better. The fever was less and she felt more easy generally. The flow continued. I gave a dose of Lil. Tig. 30 and two doses of Pulsat. on the following days and she was all right in four or five days.

Non Vomica-Of all the remedies that are most frequently called for perhaps Nux vomica stands at the head of the list. But I am afraid we do not always make judicious use of the drug. For like any other drug we should not use it unless called for by the symptoms of the case. It is true we very frequently get cases from the hands of allopaths or kabirajes, but then we should not use Nux unless called for by the totality of the symptoms. And when so selected, it is often sufficient to effect a complete cure without the intercession of any other drug at all. I have cured many a so-called case of cholera, when the patient was suffering from frequent evacuation, with vomiting and violent hiccup &c., when the patient had come to me from allopathic hands and a single dose of Nux vomica 200 had been sufficient. In these cases a great difficulty arises now-a-days. In almost every case where we are called, we find a dear and near neighbour, who styles himself a homeopath, is also attending the patient-Now it is very difficult to explain our procedure to these men. If we tell them that we have given only one dose of medicine and that we are following it up with Placebos, they are taken aback and yet their curiosity is so great that you cannot very well refuse to tell them the name of the drug. Here are some of the Nux characteristics :-

Debauchers of a thin, irritable, nervous disposition, who suffer from indigestion.

Oversensitive to external impressions; to noise, odors, light or music

Bad effects of coffee, tobacco and other stimulants. People of a sedentary habit suffering from bowel complaints.

Convulsions with consciousness. Eructations sour, bitter; nausea and vomiting every morning with depression of spirits; Nausea, constant after eating, in morning, from smoking; and feels "If I could only vomit I would be all

right." Pressure in stomach. Pyrosis. The stools are thin, brown, bloody, frequent and small. Frequent ineffectual urging. Alternate diarrhosa and constipation. The Nux patient is particularly worse in the morning.

"Nux must not be overlooked in the treatment of diarrhœa because more often used for constipation"—Bell.

(To be continued.)

COFFEE AND COFFEA.

By C. J. WILKINSON, M. R. C. S., &C.

Threre is a legend concerning the discovery of coffee which is probably as true as some other legends, and even more suggestive. A holy Dervish observed that his goats were exhilarated after eating a certain shrub. He experimented on his own vile body, with such success that he was accused of drunkenness. He explained their mistake to his neighbours and introduced them to the coffee plant; and this was hailed as a good gift of Allah and a divine substitute for the forbidden alcohol.

Various morals may be extracted from this condensed legend. The most obvious of them is, that man will have a stimulant of some sort; man, in this moral, distinctly includes woman.

But the neighbours of our Dervish were but crude observers; for the stimulus of coffee is primarily selective of the cerebral cortex, and only derivatively affects the heart. Alcohol, on the other hand, is primarily a cardiac stimulant and affects the brain through an increased action of the heart and a dilatation of the blood-vessels, in which the other organs have a common share-

Hahnemann, our founder, forbade coffee to those who would gain full advantage of the Law which he discovered. Indeed, the coffee habit was to Hahnemann as the proverbial red rag to a bull; his indignation concerning it vexed him as a thing that is raw. Nowhere, perhaps, do his powers of invective and irony move him to greater severity than in his essay, "On the Effects of Coffee, from Original Observations." He is scathing as he details the primary

exhaltation and the secondary depression following an over-indufgence almost national in vogue. He depicts flushed cheeks, eyes abnormally bright, "a factitious liveliness, a wakefulness in defiance of Nature." "The most refined sensualist, the most devoted debauchee," he goes on, "could have discovered on the whole surface of the globe no other dietetic, medicinal substance, beside coffee, capable of changing our usual feelings for some hours into agreeable ones only, of producing in us for some hours rather a jovial, even a petulant, gaiety, a livelier wit, an exalted imagination above what is natural to our temperament, of quickening the movement of our muscles to a kind of trembling activity, of spurring on the ordinary quiet pace of our digestive and excretory organs todouble velocity, of keeping the sexual practice in an almost involuntary state of excitation, of silencing the useful pangs of hunger and thirst, of banishing blessed sleep from our weary limbs, and of artificially producing in them even a kind of liveliness, when the whole creation of our hemisphere fulfils its destiny by enjoying refreshing repose in the silent lap of night." Sexual precocity, onanism, decay of the teeth, caries of the bones, abscesses, ophthalmia, an exaggeration of rickets, are all attributed to this cause. How much coffee the voluptuaries of Leipzic consumed in the year 1803 (the date of this essay) it would be difficult to determine. At the present time the average Briton consumes rather less than a pound of coffee in the year; and, as he does not know how to "make" what he consumes, he suffers little from it. So, in addition to the pleasure supplied by a severe indictment of others, we gain, ungalled, material for pathogenesy. Had the fable been narrated de tea, our withers had not been unwrung.

The most active constituent of coffee is caffeine, and the flavour of the infusion depends on the prevalence of coffeol, an essential oil-Dr. Hutchinson tells us * that the process of roasting coffee eliminates some 21 per cent. of the caffeine and some 10 per cent. of the coffeol. He estimates that in an infusion of 2 oz. of coffee to a pint of water a teacupful contains 1.7 gr. of caffeine and 3.24 gr. of

^{* &}quot;Food and the Principles of Dietetics," p. 310.

tannic acid. It must be remembered, however, that our tincture of coffee curda is relatively more rich in caffeine, and that it escapes the presence of an uncertain amount of methylamine. Allen, recognizing this, very properly separates the pathogeneses of coffee cruda and coffee tosta, for, as we shall see, they differ considerably, and much of value may be found in each, which is wanting in the other.

The retarding influence of coffee upon digestion is probably due rather to its tannic acid than to its alkaloid, and is most marked in its effect upon the peptic action of the stomach. Coffee counteracts the effects of alcohol, and it enhances the flavour of tobacco. These considerations, in addition to the sense of bien etre which it induces, explain the popularity of its post-prandial use.

In considering the pathogeneses of the raw and the roasted bean together, it will save time and space to mark the symptoms peculiar to *cruda* with the letters C C, and those peculiar to the *tosta* C T. Those without special signification may be taken as common to both.

The primary exciting effects of coffee upon the nervous system are the important ones to remember. They exhibit themselves in all their departments, as a temporary exaltation. The emotions are (as it were) raised in pitch; the fancies are lively and vivid; benevolence is excited, the religious sense is stimulated; there is great loquacity, and, in a convalescent from rheumatism, a debauch of thirty cups of strong coffee in the day produced a condition strictly comparable to that of delirium tremens (CT). The intellectual powers are stimulated, both memory and judgment are rendered more keen, and unusual vivacity of verbal expression rules for a short time (CT). This stimulation is speedily paid for in failure of attention, hiatus, and inconsequence in thought.

The head suffers a sense of confusion, aggravated by the open air; there is vertigo with blackness before the eyes on stooping (CC). Hahnemann notes that the aggravation by open air is seemingly primary. He also gives a characteristically careful account of the coffee headache. * "If the quantity of coffee taken be

^{*} Hahnemann's "Lesser Writings", Ed. 1852, p. 395.

immoderately great, and the body very excitable and quite unused to coffee, there occurs a semilateral headache, from the upper part of the parietal bone to the base of the brain. The cerebral membranes of this side also seems to be painfully sensitive. The hands and feet become cold, on the brow and palms cold sweat appears. The disposition becomes irritable and intolerant, no one can do anything to please him. He is anxious and trembling, restless, weeps almost without cause, or smiles almost involuntarily. After a few hours sleep comes on, out of which he occasionally starts up in affright." This is a portrait of not a few migraines, and gives substance to the advocates of a purin-free diet. I have met with headaches of this type which yielded readily to coffee, and with many more in which the indicated remedy failed to act, until the use of coffee as a beverage was abandoned. Where such a headache or an attack of insomnia is the direct result of coffee-drinking, nux vomica acts like a charm.

The eyes and ears suffer alike from the super-excitation of coffee. There is some photophobia towards artificial light (C T), and an unusual acuity of vision (C C). Loud music is intolerable, and the compass of hearing is diminished as regards notes of the upper register (C C). It seems probable that this symptom, given by Allen from Stapf's resume, consists of a primary and a secondary phenomenon mixed. Coryza is not infrequent in the provings, and the susceptibility to "catch cold" is increased.

There is a characteristic toothache associated with coffea. "No error in diet," says Hahnemann, "causes the teeth to decay more rapidly and certainly than the indulgence in coffee," and he remarks that there is a special incidence of decay upon the incisors. In the typical coffee toothache the affected tooth is apparently sound, but the pain is intense; it is relieved temporarily by holding cold water in the mouth (CT). There is marked intolerance to pain here as in other coffea symptoms.

Coffee stimulates peristaltic action and produces easy soft stools. For this reason many people prone to constipation take it for breakfast I have not found that the use of coffee in abstainers from

coffee is curative of that type of constipation which is said to occur as a secondary effect in those who use coffee to excess. This is one of the many examples through which habitual costiveness stands as an opprobrium to our craft.

Coffea has won its chief laurels in our school through its use in insomnia. It is in the sleeplessness of the first hours of night that it is useful, and especially in those who have over-worked either brain or muscles during the evening. In spite of darkness and the habitual surroundings, the body is restless, and the mind is thronged by thoughts and ideas which repeat themselves and avert the patient from the process of sleep. The uneasy sleep which ends such nights as these is apt to be followed by migraine in those susceptible to it.

When caffeine is experimentally injected into the blood-stream after all the known nervous supply of the kidney has been divided, the renal artery dilates while the other arteries of the body are constricted; a large output of urine naturally follows. But if the experiment is often repeated the mechanism revolts and constriction of the renal artery occurs with consequent anuria. This is a beautiful example of the natural curative action, by which a poison in moderate doses carries within itself the stimulus which shall bring about its own elimination, and it has a bearing upon the homeopathic use of coffea. The anuria set up by the vaso-constrictive action of caffeine, or by experimental ligature of the renal arteries, is not followed by true uræmia, but by a condition of marked and progressive weakness and abnormal temperature, dry, brown tongue and contracted pupils, with drowsiness which falls short of actual sleep. I have seen several cases of this condition late in chronic interstitial nephritis, and the use of coffea in increasing doses has been very beneficial. The diminished urine has increased in quantity, pari passu with an improvement in both the pace and volume of the pulse, and the state of ineffectual drowsiness gives way to refreshing sleep. The condition is not one in which cure is to be expected; but I have been gratified by the comfort which the coffee has induced.

There remains only to be noted the advantage with which coffee

may be administered in the 'teasing' and ineffective pain of early labour. The condition is one in which intolerance of pain is often sufficiently marked to suggest a homeopathic basis for the prescription. A cup of strong coffee (with milk to counteract the tannin) will relieve the pain, hearten the patient, reinforce the muscles, and hasten those effective pains which will bring the labour to a speedy end.

- The British Homeopathic Review.

HIGHER POTENCIES IN CASES OF FEVER.

P. C. MAZUMDAR, M. D.

It was a belief in this country that fever cases are not easily treated and cured by homeopathic medicines. We have repeatedly contradicted this kind of assertion. It was by the careful prescribing and study of homeopathic remedies in fever cases that the late Dr. B. L. Bhaduri was able to show to the people in this country that homeopaths are able to cure cases of fever as well, if not more speedily than the allopaths. We now see that with the aid of higher potencies of well-selected remedies we can cure cases of various kinds within a short time. Even our own colleagues often lose sight of this and say that fever cases are not easily cured. If the medicines are indicated in the case, a single dose of the high potency is sufficient for a cure. We verified this in many of our cases of late and we shall describe some of them here.

I.

A child, aged about two years, had been suffering from very high fever and diarrhoea at Bagbazar for about ten days. The grandfather of the child is a staunch homeopath. He placed the child from the commencement of his disease under a homeopathic physician. He treated the case for a week, but

unfortunately the disease went on increasing. A cosultation took place with no good result. The doctors thought the case beyond homeopathic help and advised allopathy. The grandfather consulted me. The following symptoms were noticed. Fever was very high. Temperature in the morning 103 F and in the evening 105 or little higher. The child was restless, moaning and groaning, very irritable, threw away every thing given to please him, wanted to be carried about from place to place. Abdomen enormously distended; stools copious, watery and of olive green color, colic before and during stools. During the height of the fever the child became drowsy.

On the 10th day of fever I gave him a dose of Chamomilla c.m. The next morning the temperature was 100 F., abdomen sunken and soft, only one stool in the morning, thin, yellowish and not very copious. The mental symptoms were all changed and the patient wanted to eat many things. Barley and goat's milk were given.

In the afternoon temperature rose to 102 F. Placebo three powders were given. In short in three days' time the child had normal temperature and diarrhoea was entirely gone. No more medicines were required.

CASE II.

Another child, aged two years and a half, at Beliaghata had been suffering from fever and cough for nearly a month. His father is a homeopathic physician and treated his son with medicines all of low potencies. Fever came generally in the afternoon with some wheezing cough, abdomen distended, bowels constipated, perfectly anemic in appearance with cedema of lower lids. Nux vom, Gelsem and Kali carb were tried without much benefit. There was crepitant rales all over the chest. Morning temperature was 102 F. In the

evening it was 1046 to 105 F. I gave him a dose of Lycopod. c.m. dry on the tongue. The next morning the temperature went down to 100 F. and there was no rise in the evening. Next day it was normal and there was no more fever. The child made a perfect recovery.

CASE III.

A young man of robust constitution but broken down by prolonged suffering from malarious fever. Very anemiclooking. Fever used to come in the latter part of night with hands and feet cold and slight chill. Heat prolonged and of a burning character, attended with thirst. Abdomen distended with two or three morning stools, loose and of light yellow color.

There were scabious eruptions over the whole body, itching intensely, more at night in bed, liver and spleen slightly enlarged. No appetite for food and taste bitter. Large doses of quinine had been swallowed with occasional suppression of the paroxysms. Bathing aggravated his fever. There was almost no sweat.

Sulphur c.m. one dose during intermission. No more paraxysms of fever. Placebo powders were given and perfect cure was effected in a months' time.

CASE IV.

I was called to see a case of remittent fever in a young child, 3 years old, at Hari Ghose's Street. She was treated by another homeopathic physician. Fever came generally in the morning between 8 and 9 A. M with shivering and slight dry cough. The child was more or less chilly all day, very irritable. Bowels obstinately constipated, great thirst, drinks large quantities of cold water at long intervals. Sleepy all day and very weak. Temperature 100 F. morning, 103 F. evening, Bryonia 30 three times a day. Temperature was

much less to-day but fever was prolonged and alternate restlessness and sleepiness supervened. Very cross and irritable, crying almost incessently. There was semi-solid fecal matter passed. Cough the same. Cina 200 one dose. Next morning fever slight and temper better. No more medicine and the next morning fever was entirely gone.

CASE V.

An elderly gentleman suffered for some time from fever of a remittent type. Fever in the morning with chilliness and slight thirst. Much perspiration which cooled down the temperature for the time being, followed by dry skin and much heat.

Bowels loose, much rattling cough. Temper very irritable, any question about his health made him cross and he did not like to give any answer, examination of chest revealed much mucous rales throughout it.

Asked for various articles of food which was hurtful to him. Behaved like a child.

Chamomilla was given but no benefit. No medicine the next day. Fever came on as usual. A dose of Antim crud. of one thousand potency was given and the fever stopped.

ASIATIC CHOLERA AND ITS HOMŒOPATHIC TREATMENT.

By L. SALZER, M. D.

It is now eight years since I published my Lectures on Cholera and its Homeopathic Treatment, a copy of which I send along with the paper. The lectures, I may say, have

^{*} A paper contributed to the International Homeopathic Convention, held in America in the year 1891.

been published, after I have an opportunity of observing and treating cases of cholera for more than twelve years in a city where Asiatic cholera is endemic with more or less virulence throughout the whole year—in the city of Calcutta. Since then I have, in the course of practice, had occasion to gather some additional observations. New thoughts and therapeutic hints suggested themselves to my mind: some at the sick bed, under the pressure of emergency; others at the calm moments of retrospective study. The present paper may therefore be looked upon as an appendix to my book on the subject of *Cholera and its Homeopathic Treatment*.

And first of all, it is, for our School of Medicine in particular, of the utmost importance to know, that there is hardly a disease so variable in its symptomic manifestation as cholera; and that, on the other hand, Hahnemann, in having given his first suggestions for the treatment of cholera in the year 1831, has, against his own customary practice and teaching, omitted altogether that process of differentiation-between one drug and another, and again between one individual clinical case and another of the same pathological order-so characteristic of the homeopathic (school of Medicine and so indispensable for success in treatment. Of course, Hahnemann, as is well known, issued his suggestive instructions concerning the treatment of cholera before he had ever occasion to see a case. From the description he has given of the disease, as derived from hearsay, it can be seen that he had no idea of the immense variety the disease is subject to in different individuals and localities; far less could he have foreseen that every eventual outbreak might be marked by some new characteristics. No one, I dare say, would have been more surprised than Hahnemann himself, could he have lived to learn that here, in India,

there are no two seasons alike as far as the symptomatology of cholera is concerned. I dwelt on that point in my Lectures. Since then I have been pleased to find that the attention of some eminent allopathic practitioners of Bengal has been no less arrested by the manifoldness of cholera types. Here is what Dr. Norman Chevers, late Principal and Professor of Medicine in the Medical College, and first physician of the College Hospital, Calcutta, says on this subject, in his newly published book A Commentary on Diseases of India (London, J. & A. Churchill, 1886.)

"As I emphatically observed of Indian fevers that the type changes incessantly, so is it with cholera. I always noticed a distinctly marked variation, not only in the type of each outbreak, but also in the condition of its patientevery man's case has its own distinct individuality..... Some of the most striking variations are the degree of blueness of the skin; the early occurrence of collapse, the amount of vomiting and purging or of cramps, the frequency of the consecutive fever, the degree in which the disease is amenable to treatment. Bile and blood sometimes make their appearance in the cholera-stools. Then there are great differences in the condition of the mucous membrane and follicles of the ileum, especially as regards vascularity and exudation. A tendency to the formation of ante mortem clots in the right heart represents another variety prevalent in some seasons or localities and not in others. In one outbreak, there will be a prevalence of sloughing of the cornea, in another of sloughing of the scrotum, as sequelæ, in cases affecting the natives of the country. The tendency to serious head complications in the stage of consecutive fever varies greatly; so also does the disposition of the first urine when the bladder is full. Cholera spasm or cramp is not very common or excessive in the weak-muscled natives of Lower Bengal (who endure

tetanus much better and longer than Europeans generally do) or in women."

After this it will be evident that the therapeutics of cholera are by no means exhausted by the few drugs enumerated by Hahnemann, such as Camphor, Cuprum, Veratrum album, etc.

I shall now proceed to lay before you some of the notes I had occasion to make now and then on the subject of the treatment of the disease under discussion, leaving all such questions which relate to the many disputed points concerning the pathology and ætiology of Asiatic cholera untouched for the present.

I shall begin with Camphor. I had occasion to show in my lecture that Camphor is neglected by our school in the reactionary fevers succeeding a choleraic attack. I have further hinted that the same drug may be called for at the uræmic stage after vomiting and purging have ceased. I have only to add here that the drug just mentioned may be no less called for in the case of retention of urine, owing to spasms of the sphincter vesice—an event, by no means, of rare occurrence in cholera patients on the way of improvement.

Veratrum alb—Having introduced the use of Ricinus (a tincture of the seeds) as a remedy in diarrhœic cholera, I have, in the course of time, learned to establish the following differentiation between it and its therapeutic rival—Veratr alb.

The watery purging and vomiting of *Veratr*. comes on suddenly; while the purging and vomiting of *Ricinus* is at first semi-liquid, tinged with more or less secretions of bile gradually merging into cholera-like discharges. Sudden attacks of cholera with its characteristic ejecta should, therefore, preferentially, be treated with *Veratr*. As to the other differentiation mentioned in my lectures, to the effect that the Veratrum evacuations are accompanied by

colic, while the Ricinus evacuations are almost painless, I. may say, a successive experience of years has corroborated the differentiation.

Veratr. alb. has another rival in Tart. emet. I copy here, without any alteration, from my note-book: Particular indications for the use of this drug (Tart. emet.) are the following: Profuse sweat with thirstlessness. Disposition to pustular eruptions on the face or any other part of the body. The Tart. emet. patient is phlegmatic, indolent, given to sleepiness—he would fall asleep after every fit of vomiting or purging. The nausea is persistent in the Tart. emet. patient; to judge from his half open, distorted mouth, one would say that even in his drowsy state the feeling of. nausea is with him. The Veratrum patient vomits sooner or later after drinking a full glass of water, and then there is, for a certain time, an end of all inclination to vomit. Not so with Tart. emet. patient .- Again, the Arsenic patient. vomits because there is constant gastric irritation. With the Tart. emet. patient there is gastric uneasiness coupled with faintness. Arsenic aggravations are brought on by cold: Veratr. aggravations by heat; while Tart. emet. aggravations are-brought about by dampness. In other words, all thingsbe equal, Arsenic would be the remedy in the cold, Veratrum in the hot, and Tart. emet in the rainy season. The Tart. emet. reatient lacks reactionary power. He gives way to his ailment without much struggle. He faints under the weight of exhausfive discharges. And in this passive state, near the brink of death, he would remain for a considerable length of time. getting neither better nor worse.

It should not be lost sight of, that the spasmodic action of *Veratrum* is by no means restricted to the muscular coat of the intestine, producing colic, but extends over the respiratory tract as well. In laryngeal spasms *Veratrum* stands

mear to Cuprum. During the seasons of 1883-84, a good many cholera patients used to complain at the very onset of the disease of difficulty of breathing, owing to intercostal spasms. Strange to say, in all cases which came under my observation, the seat of the disorder complained of was on the left side—the very same side concerning which provers of *Veratrum* made the same complaint.

We have it on record (Hempel & Arndt's Materia Medica) that Elaterium had in some cases of cholera succeeded where Veratrum failed to do any good. I can make a similar statement with regard to Veratrum, although I am unable to give anything like a differentiation between the one and the other.

It may not be out of place here to say a few words about the tendency of some authors of our school, to stretch now and then the point of differentiation between two similarly acting durgs beyond its legitimate limits. Not long ago I was consulted in a case of cholera, where I prescribed Elaterium, the case having become worse while Veratr. had been administered. The attending physician objected, however, to my prescription, on the ground that it is written in one of our most popular books on Therapeutics that Elat. is indicated where there is only purging without vomiting. Now, there is not the slightest ground for such a restriction, if our provings are to serve us as a guide at the sick bed. What led me, in the above case, to substitute Eletarium in the place of Veratrum was the fact, elicited on inquiry, that the patient had suffered for two days before his cholera attack from shooting pains all over his body.

It is not an easy matter to supercede a remedy so well established as Veratrum alb. in cholera, by another; although there have been cholera seasons where the administration of Veratrum was simply so much time wasted; and this not only

in cases having come under my own observation, but also under the observation of others. It was just at such a season that I had the courage to introduce Ricinus instead. I should not wonder to see yet a season when neither the one nor the other will be of any help to us, and for such a causualty I hold in readiness Colchicum autumnale-a drug botanically allied to Veratrum, and yet different in its operation from the latter with regard to some of its pathogenetic by and side-ways. In my lectures I have already drawn attention to the fact that Veratrum lacks one of the essential characteristics of cholera—the rice-water evacuations, so pathognomic of cholera. It is not enough that a drug should be known to be capable of producing watery stools; in order to be considered as homeopathic to cholera, it should be known to be capable of producing rice-water stools. The stools of Veratrum are merely recorded to be watery. As to the vomit of Veratrum, it is known to be either acid or bilious, while the cholera vomit is neither. Colchicum offers, in this respect. a far better analogy to cholera. Take the following two cases_ as recorded in the Cyclopædia of Drug Pathogenesy, Vol. II, p. 340:

"I found, on my arrival at Fort Durand, in Florida, a private in the Marine Corps labouring under symptoms not unlike those of Asiatic cholera. He had constant sero-mucous ejections and purgings resembling rice-water and thrown off with considerable force: cramps of the abdominal muscles and of the flexors of arms and legs; cold surface, tongue, and breath; mottled skin and bluish nails; shrunken features, expressive of great agony; sunken and watery eyes, with contracted pupils. I found that he had taken, the day before, over a pint of Vinum colchici, mistaking it for liquor. Death took place in forty-eight hours after ingestion." —On the next most interesting and instructive case.

.... "A bottle of Vinum colchici was drunk by seventeen persons, seven of whom died from the effects, of which the following is a resume: In from forty-five minutes to one and one-half hours after injestion, vomiting ensued. Contents of stomach were first ejected, then bile or mucus, afterwards a fluid similar to 'rice-water'of clolera. When the amount taken was great, purging came on simultaneously with vomiting: but if only a small quantity, comparatively speaking, bad been swallowed, the action of bowels was delayed for several hours. Passages were first natural fæces, then bilious stools. then 'rice-water'—a very large amount of frothy, slimy secretion, compared by one patient to clean soapsuds. In no case was any blood to be found. Vomiting continued until last moments in fatal cases, and bowels emptied involuntarily. Cramps were severe in stomach, bowels and legs. Severe pains were felt in knee-joints in some, and in two cases were very marked in left shoulder; so much so, indeed, as to be a continual cause of complaint, and to compel avoidance of lying on left side. ... Features (after half an hour) were pinched and drawn, lips and nose blue, as also lobes of ears: eyes were congested, pupils slightly dilated; voice hoarse and husky; pain experienced in speaking; feet and legs ice cold. as also hands and arms; rest of body had a clammy feel, but was below normal temperature. Pulse rapid, 125-145, small. compressible, intermittent, and at times imperceptible at wrists, though it could be found at elbow with some trouble: temporal arteries difficult of detection; even carotids required patience to distinguish. For several hours before death, arteries were almost pulseless; heart's impulse not to be felt, and its sounds with difficulty heard on applying ear to the chest-wall. Respiration was full and easy, and wellmaintained throughout, as was also pulse-respiration ratio. The sufferers were sensible throughout and to the last.....

All sat up before dying, falling back in an instant. No headache was complained of. Muscular strength. They were all able to sit up, lift a cup to their lips, or even walk. They were perfectly sleepless. In two recoveries there appeared a pustular eruption on face and lower extremities."

These cases speak for themselves, and if anything is to be said besides, with the view of making an earnest beginning with Colchicum in cases of cholera, it might be this, that the most hopeful beginning might be made with habitually gouty, patients -- a comparatively rare specimen in India, though, by no means so in Europe and America—who happen to be stricken with cholera. Then, again, cholera cases which eventually began with a diarrhoa characteristic of Colchicum -orange-yellow, liquid stool, with shreds or mucus; or; cases which have run from dysenteric into choleraic diarrhea. and thence into cholera, should certainly find in our drug a most suitable homeopathic remedy. The evolution of cholera out of some premonitory ailment is of great importance with. regard to the selection of the right homeopathic remedy. Some cholera seasons often differ from others, not so much by the type of the disease itself, as by its premonitory symptoms; and something similar is the case with regard toindividual cases. Those whose whole attention is directed to the symptoms present, without looking back to their, genealogy, will often be disppointed in the choice of their remedies.

Again, in the stage of collapse we may meet with cases where the heart's action begins to fail, while respiration is still, comparatively speaking, in tolerable order. In my lectures I have recommended in such cases Aconite, Ammonia, or Chloral. From what we have learned from the above cases of Colchicum poisoning, we might add the lastnamed drug to the list. I have no particular indications to

give for Ammonia; as to the other drugs just mentioned, I should say Aconite is indicated when the failure of the heart's action is accompanied by anxiety; Chloral when associated with somnolency, and Colchicum when associated with a state of wakeful calmness.

Yet one more analogy between the pathogenetic process of Colchicum and the pathological course of cholera. Our proving shows that the drug has a destructive affinity to the cornea; on the other hand, sloughing of the cornea is one of the sequelæ of cholera.

Concerning Cuprum, I have hardly anything to add to what I said in my lectures, beyond a rejoinder to a remark made by a reviewer of mine, in the now extinct British Journal of Homeopathy, April, 1884. His words are as follows: "Of Cuprum Dr. Salzer does not speak so highly as we should have expected."-Now this discrepancy between the clinical value of Cuprum in cholera in India on the one side, and that in European epidemics on the other tallies just with the difference of type of the disease as prevalent in Europe on the one hand, and in India on the other. We have seen from a previous quotation extracted from Dr. Chever's book, that the European is more liable to the spasmodic, while the native of India is more disposed to the diarrhœic type of cholera. No wonder, then, that clinical experience in India does not speak so highly of Cuprum as it is spoken of in Europe. Cuprum being, moreover, in our school reputed as acting better in light-haired people, it is not to be expected that it will manifest prominent therapeutic effects among the dark races of India. I use, as a rule, whenever the metal is called for, the Sulphate of Copper, having found the same preferable to the pure metal.

And this reminds me of one cempound of copper—of Cuprum arsenicosum. In his tenth volume of the Enc clo-

pædia of Pure Materia Medica, article Cuprum arsenicosum, Dr. Allen mentions the symptom "cold, clammy
perspiration, of intermittent nature." I know of no other
drug in our Materia Medica that has this symptom in full.
I have, in practice, found this symptom most reliable for the
selection of the drug. The intermittance of the cold, clammy
sweat leistinguishes Cupr. ars. from such other drugs as
Camphor, Carbo vegetabilis &c.—remedies called for in the
stage of cholera collapse. (To be continued.)

-The Homeopathy Prachar.

Book-Review.

Lectures on Cholera and its Homeopathic Treatment.

BY L. SALZER, M. D.

Second Ddition, Revised and Enlarged. Published by C. Ringer and Co., Calcutta.

With melancholy heart we handle this book at this time as the author is no longer in the living world. It was at our urgent request that years ago Dr. Salzer commenced these lectures and during his lifetime he finished the first edition of it. Before his death Dr. Salzer commenced revising and rewriting many important subjects, and now we have the fruits of his labors in the latter part of his life.

This book is very useful for our practitioners in combating this dreadful disease, the Asiatic Cholera. This edition is almost double its former size and very well and neatly executed. Creditable to the publishers.

Sexual Ills and Diseases.

A Popular Manual. Based on the best Homeopathic Practice and text-books. By E. P. Anshutz, M. D. Second

Edition: Revised and Enlarged, 170 pages. Cloth & dollar; Postage 5 cents. Philadelphia. Boericke and Tafel. 1910.

This is a beautifully gotten up, nice little book which is calculated to do a whole lot of good to the deluded sufferers from 'Sexual Ills and Diseases' that fall victim to the wiles of unscrupulous quacks and medical bluffers.

The author in his preface says—"There are a good many false ideas inculcated by advertising doctors in regard to lost manhood etc. and if this book succeeds in putting any fearful young man or boy straight on that subject, it will not have been written in vain." We feel pretty sure that the author's hope will be justly fulfilled, for a treatise like this on such an important subject as sexual ills and diseases will save many a shattered soul from the very brink of eternal ruination and ceaseless degradation.

The book is divided into three parts: the first is the treatment wherein we find the subject dwelt with in a very lucid style. Part second is the Materia Medica part, which indeed is very insufficient, but in a small book like this we cannot expect to find a more extensive treatise on Materia Medica.

Part third is the clinical index which is also very useful. It will assist the reader in his search through the Materia Medica.

We recommend this book to the medical profession and to laymen interested in Homeopathy.

The publishers are to be congratulated on the fine get up of the book.



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[No. 10.

FAMILY PHYSICIAN.

One of the judges of our High Court is said to have remarked that the Bengalies seem to have no family physician and no family legal adviser. It is generally observed all over the world, that almost every family has its own doctor to whom it runs in times of difficulty. Perhaps a man or woman is never so upset as when he or she finds a dear and near one seriously ill and nothing seems to give him relief or her and comfort. At such a time men generally are not in their best sense and can hardly be expected to judge about the best physician to choose for the relation that is ailing. What happens then? All over the world people depend on their family physician, who has tided them over in many a similar difficult situation and if he finds that his resources are limited or that the nature of the malady is such that it requires the help of a specialist, he at once gets the best man to consult with, which his medical education and training enables him to do at once. Moreover, he always calls in the man with whom he can work in harmony. In

this country, particularly in Bengal, what happens? People never think much about the selection of a physician except in extreme cases when they rush for all the best doctors all at once, so that they come one after the other in quick succession and take their fees, make random prescriptions and depart. What is the result? The patient dies for want of treatment.

I have found that among the people in the city of Calcutta, the poor ones generally get the best treatment, for they resort to the out-door departments of hospitals where all the leading European physicians are generally in charge or they go to the outdoor clinics of reputed Indian physicians. who generally attend to them free of charge. In rich families generally they have a so-called family physician, in whom these families have little or no faith and who must visit these families every day whether there is any case of sickness in the house or not and in times of real danger, he is seldom consulted. When the patients' condition is critical the gratis advice of every neighbour, friend or relative is taken and all the physicians that are named by these people, are sent for all at once and they 'all come but their advice or their medicines are seldom used. It is for this reason that I say that we should all choose our family physician when there is no sickness in the house and engage such a man whom we can trust entirely with our lives and in cases of emergency tell him to do his best and call in other physicians in consultation, if necessary, so that he can work for the best interest of the patient and not feel that he is lost in times of danger when he should be the best friend of the family, for as a medical man he is better able to take the best course in matters medical than all the friends and neighbours taken together.

THE HISTORY OR ANAMNESIS.

. BY CHARLES HOYT, M. D, CHILLICOTHE, OHIO.

I have chosen this subject for my paper rather than some particular clinical case, or some special disease, believing it to be of more importance to the average practitioner. I am sure if physicians fail in any one particular more than another, it is in the matter of the proper taking of their cases, and not only in not keeping the record of these cases properly filed in a suitable filing case, but in not keeping a record of the treatment given during the time the patient is under their care. For in no other way can full justice be done to those coming to us for treatment, as it is impossible to retain this data without a written record of each case and give full value received to those coming to us for treatment.

The taking of a case in a proper manner is the first and greatest step toward a cure in any given case. Pasteur says: "I do not know—I will investigate." In order to be able to treat any case intelligently, I may say successfully, saving time for both physician and patient, it is necessary to insure a complete record of the case.

To the Homeopath the taking of a case comprises the getting of a complete picture of the patient, so it can be compared with the drug picture. The symptoms must be as complete as possible, showing particularly all the peculiar and unusual symptoms that will be helpful in finding the particular drug that exactly fits the sick picture we have before us.

In other words, this picture of the sick patient must show the individualistic peculiar, striking or singular symptems that can be fitted to the drug picture accurately The seat of the disease frequently helps us to decide upon the right remedy, as different drugs have special action upon certain parts of the organism.

The record or anamnesis may, for convenience, be divided into three main divisions. First, the history of the case. Second, the general examination of the case, and third, the special examination of any special organ or organs found to be affected.

First ascertain the name, age, sex and conditions of life generally of the patient for whom you are about to prescribe—whether married or single, as well as nationality and occupation. The family history should be carefully inquired into, so as to ascertain the peculiarities of the family and the diseases, "especially those of a chronic nature, that have prevailed in the family, which will likely show some peculiar taint for diathesis that has prevailed therein and may run like a scarlet thread through the entire family history among the father, mother, brothers and sisters, as well as their own children, should they have any.

If the patient be a woman, make careful inquiry regarding her menstrual life, pregnancies, miscarriages, as well as the possibility, and I might almost say the probability, of her having suffered from some infection as a result of the wild oat crop harvested by her husband.

If the patient be a man, it is important to learn as much as possible regarding his family history, as well as his habits during his young manhood; especially that you may learn, if possible, if he is carrying along with him the effects of some suppressed venereal disease. Inquire particularly regarding his habits as to the amount of alcohol he consumes daily and the kind; also tobacco, as well as his habits regarding sexual indulgence.

Try and learn the exact time of the beginning of the

present sickness and the supposed cause, and the particular organ or part thought to have been first affected; also whether the patient attributed his or her sickness; to any injury or special cause.

According to Hahnemann, the natural tendency to disease depends upon the Miasms of Psora, Syphilis and Sycosis or the remnants and sequelæ of acute disease and drug poisonings.

In the general examination of the case one should observe the general dress and behavior of the patient; their height, weight and general carriage in walking; their complexion, the color of their eyes and hair, and the appearance of their hands and finger nails.

The physical condition should be especially noted that we may more accurately judge of the true value of the symptoms elicited in getting a history of their case. It may also assist in locating the exact disease center by noting the facial expression and the psychical symptoms of emotion, temper or intellectual variation from the normal.

The pulse, respiration and temperature are all valuable facts to be ascertained in the taking of any given case, and each and every one may be a helpful guide in diagnosing our case, as well as in the selection of the remedy. After noting in a general way the symptoms in the case being examined and a more or less careful outline of the case in a general way, the physician in the majority of cases will be able to diagnose the particular part or organ affected, as well as the remedy, or at least a list of probable remedies, some one of which, upon further study and investigation, will prove to be the indicated one in the particular case under investigation.

Upon further and more special examination of the case as a means of diagnosis and prognosis, one should note the

size and contour of the head and face, and in infants the condition of the fontanels and sutures. Examine carefully the eyes and ears, especially inquiring if there has been any pain in the ears or any discharge at any time, and if the hearing is perfectly normal. Examine the nose carefully by anterior and posterior rhinoscopy, as well as the mouth, lips, buccal cavity, gums and teeth. Examine the throat carefully and observe the condition of the palate, tonsils, and see if the patient has adenoids and is therefore more or less of a mouth-breather. Should there be any cough present, examine the larynx as well as the character of voice sounds and respiratory sounds.

The patient should have the clothing removed to the waist, so that a careful examination can be made of the shape and contour of the chest, as well as to afford an opportunity for auscultation and percussion of the heart and lungs. The back should not be overlooked and we should note any alteration in its shape or any deviation from the normal in the spinal column. If any complaint is made of abdominal pain or discomfort, inspect the abdomen and carefully examine the condition of the stomach, liver, spleen and the abdominal organs generally to ascertain the exact cause of the discomfort. In the investigation of any case of illness of any importance, the examination is not complete without an analysis of the urine, as kidney troubles are so obscure in many instances that without a careful analysis of the urine one is very liable to overlook important conditions, which later on may lead to serious results to the patient and a great humiliation to the physician, especially should the case fall into the hands of some other physician who would discover the oversight.

In getting a complete history of a case, the nervous system will come in for its share of attention, especially so should

the history of the case reveal a family history of psychoses, hysteria, chorea, epilepsy, neurasthenia, paralysis or hereditary syphilis or a personal history of alcoholism, syphilis or excessive use of tobacco or narcotics. Last, but not least, in the proper estimate of a chronic case of illness, is an examination of the blood, especially so if there exists dyspnæa and palpitation upon exertion, pallor of the skin and mucous membranes, general debility and ædema of the feet. Count the red and white cells and estimate the hæmoglobin.

Diagnosis consists in its 'narrowest sense in bestowing a name upon a certain assemblage of symptoms and some discoverable pathological condition, and a recognition of the peculiar characteristics of the patient—psychic, physical, inherited or acquired.

The object of this knowledge is to be able to treat whatever diseased condition that is found in an intelligent manner, as well as to be able to give a prognosis that will conform to the facts in the case. The diagnostician must learn to analyze and correlate all the facts and symptoms found in any given case, and by his experience and knowledge in the treatment of the sick learn to give to each symptom and condition found its true value and significance. There are two elements entering into this analysis, viz. : Observation in its broadest sense and reasoning applied to the results of this careful analysis of the case. Diagnosis is by no means an exact science, as for various reasons it is very many times absolutely impossible to discover the exact pathological condition, especially so in the earlier stages of disease. Nevertheless we should at all times do our best to establish a correct diagnosis that we may be the better able to judge of the gravity of the case, as well as to give a prognosis that one can safely rest upon.

To the true Homœopath this knowledge is not, as a rule,

absolutely necessary in the selection of the indicated remedy, being, as we are, governed by the totality of the symtoms. This is a tremendous advantage over the methods of the old school, whose practitioners are unable to turn a wheel in the treatment of the sick until they are sure of their diagnosis. The symptoms of a patient are of little or no importance to them.

In acute conditions a good Homeopath will cure a case and forget about it while they are stumbling around trying to make a diagnosis, so as to be able to give the patient one of their shotgun prescriptions.

The habit of keeping case histories is, as I have said before, valuable to both physician and patient, and promotes accuracy of observation, completeness of examinations, and facility in describing symptoms, signs and morbid conditions. It is especially valuable to the Homœopath who, in order to practise successfully, must study his symptomatology most carefully, as well as the dose and the repetition of the indicated remedy. This can only be done by a careful anamnesis or history of the case. Every case carefully taken and worked out and prescribed for according to the totality of the symptoms makes the Homeopathic physician a stronger, better prescriber, to say nothing of the wonderful benefit derived by the sick in the community where he is permitted to practise his profession.

—Medical Century.

CHOLERA ASIATICA.

(Continued from page 269, No., 9 vol. XIX.)

Oleander—There is a characteristic of Oleander that is worth mentioning here and that is the patient thinks he will pass wind whereas he passes small quantities of stool. Children

frequently suffer from this kind of complaint. With Oleander there is also a great accumulation of flatus. It rolls and rumbles in the bowels.

We have used the 6 potency.

Opium—Opium is the remedy for the two extremes of life. In this country, there is a general impression even to-day, that people should take small quantities of opium when they are beyond forty. It tends to longevity.

Opium is called for in cholera when the patient merges into the typhoid state without voiding any urine.

There is a lack of susceptibility to remedies.

There is a partial or complete insensibility due to paralysis. In delirium constantly talking, eyes wide open, face livid and puffed, deep coma, preceded by stupor.

Spasms in children from fright. Deep sterterous respiration. Digestive organs are inactive, The stools are watery, offensive and involuntary from paralysis of the spincter.

Urine retained not suppressed. Drowsiness or sopor without vomiting or stool. Stupid, comatose sleep with rattling, snoring breathing and contracted or sluggish pupils. Slow full pulse. Abdomen distended.

In coma Opium occupies the most prominent place.

Opium may be used in any potency from the 30th upwards.

Petroleum—Petroleum may be used in loose evacuations' of the bowels where the motions are yellow watery and gushing, and more particularly worse by eating cabbage, sour krout &c. These stools always occur in the day time. There is also one peculiarity about the Petroleum delirium, the patient thinks that there are other people lying in the bed with him, and he addresses himself in the third person. Diarrhæa brought on by the suppression of skin eruptions.

Petroleum is used here in the 30th potency.

Phosphoric Acid—Phosphoric Acid is often an invaluable remedy in this malady. It is characterized by a long lasting painless diarrhœa that it is very difficult to check. With it there is at times a frequent and profuse flow of urine-like water.

The stools are whitish, watery, undigested, painless and involuntary. Indifference and apathy are marked throughout. Abdomen distended. Cramps in the arm, forearm and wrists.

The 30th potency is generally used. The highers may also be used.

Phosphorus—It is one of the great burners of our materia medica. There is great burning pain with almost all the maladies. Phosphorus is a very useful remedy in cholera. The stools are characteristic. There is a tendency for movement as soon as anything enters the rectum, profuse pouring away as from a hydrant. The rectum feels wide open. This is not only a sensation but it is often an actual fact. The anus remains wide open. The motions are often involuntary, particularly during cholera time, (which precede cholera—Phos Acid) morning, of old people.—H. C. Allen.

There is a gone feeling in the stomach and entire abdomen. Longing for cold, juicy, refreshing things. As soon as water gets warm in the stomach, it is vomited up. Nausea from putting hands in warm water

Night sweats. Profuse, pale watery urine.

Only lately I had occasion to use Phosphorus in a case of cholera where nothing seemed to check the vomiting. The patient would want iced water all the time and as soon as it would get warm in the stomach, it would come out again.

Phosphorus should be used in the higher potencies only and should not be repeated very frequently.

Podophylum—This remedy is a favourite in the treatment of cholera. But in homeopathy we should never have any

favourite remedy. Each individual case will have to be studied and a remedy selected for every case. Podophylum no doubt contains many important symptoms. Here are a few of them:—Painless cholera morbus; cholera infantum-Violent cramps in feet, calves, thighs; watery painless stools—H. C. Allen.

Diarrhœa during the dentition of children, hydrocephalus, rolling the head from side to side.

The stools are watery, yellow, greenish watery, profuse, frequent, gushing, painless, like dirty water soaking the linen through, with yellow meal like sediment in it. The stools are generally worse in the morning and in hot weather.

Bell says—"There is no remedy so surely indicated by painless cholera morbus as Podoph. The stools are profuse and gushing, each seeming to drain the patient dry but soon he is full again. There may also be violent cramps. It would seem to be similar to many cases of cholera."

Psorinum—This is the principal nosode in our therapeutics and has a very wide range of action as an antipsoric. We have used it with decided good results in various diseases including cholera. The filthiness of the discharges is one of the leading characteristics. But the selection here must be like that of every other drug, namely on the totality of the symptoms. Allen very truly observes:—"Psorinum should not be given for psora or the psoric constitution, but like every other remedy, upon a strict individualization and the totality of the symptoms and then we realize its wonderful work."

Like sulphur one of its chief indications is when 'well selected remedies fail to relieve or permanently improve.'

The psorinum patient is very susceptive to cold, or to change of weather.

Feels unusually well day before the attack.

Body has a filthy smell.

Child is good all day but cries all night.

All discharges have a very filthy odour about them.

The patient feels hungry in the middle of the night.

The stools are watery, dark brown, fœtid, smelling like carrion, frequent and involuntary.

The Psorinum patient feels entirely hopeless during convalescence. Great debility. The skin has a dirty greasy look about it. Psorinum is one of our sheet anchors in cholera infantum and is often very serviceable even in cholera where the alvine discharges are unusually foul.

The 400 is the potency generally used, although I have used both the 30th and the c. m. with very good effect. When I give the 30th, I repeat frequently.

Pulsatilla—As I sit down to write this, I have occasion to use Pulsatilla. Last night we had a big dinner consisting of many rich dishes and from the morning one of the participants, is having many loose motions and feels sickish. It is one of the principal remedies in the initial diarrhæa of cholera, particularly if it has been provoked by rich food such as pastry, cakes, highly spiced meat, and oily things.

The stools are ever changeable, generally worse at night, watery, greenish yellow, as soon as they eat. Offensive and involuntary. The Pulsatilla patient always feels better out of doors, is miserable in the house, and is frequently inclined to weep, is very sad and gloomy. Begins to cry in narrating the symptoms. I had a lady patient, who would always weep when she would tell her symptoms. I was quite alarmed the first time I saw her, but afterwards I found out that she was a typical Pulsatilla patient.

Flatulent colic, painful rumbling in abdomen, difficulty of breathing. The Pulsatilla patient craves fresh air. Diarrhœa is generally worse at night.

Hahnemann says these kinds of nightly diarrhoea are characteristic of Puls, and there is scarcely a drug which occasions them as often.

Silicea is the chronic of Pulsatilla. Any potency may be used.

Pyrogen—In cases of a septic nature Pyrogen acts like magic very often. I had one case where its effect was marvellous. A young lady, just after childbirth, was attacked with violent diarrhæa and vomiting, the discharge was also very profuse. The pulse had become intermittent and she was in a bad way when I saw her. A few doses of Pyrogen acted wonderfully in this case.

Here are a few of the symptoms:—great restlessness, tongue large and flabby, dry and cracked, articulation difficult (Crotal, Terb).

Vomiting, persistent, brownish, coffee ground, offensive, stercoraceous, with impacted or obstructed bowels.

Stools, horribly offensive, brown or black, painless, involuntary, uncertain when passing flatus (Aloes, Oleander). Pulse abnormally rapid, out of all proportion to temperature. The patient looks pale, cold, of an ashy hue (Secale).

There is at times marked chill with unusually high temperature and rapid irregular pulse, and cold and clammy sweat following. Pyrogen should be given high.

Raphanus—Raphanus is a very good remedy in diarrhœa. Flatulence is one of the principal symptoms accompanying every trouble where Raphanus is indicated. The intestines protrude like pads all over the abdomen and there is no passage of flatus either way for sometime.

The stools are liquid, undigested, frothy, copious and passing with much spluttering. There is violent thirst, constant nausea, and vomiting. We have used the 6th potency.

Rheum - Sour stools is the guiding keynote of Rheum.

The evacuations are as sour as sour can be. The body smells sour.

Colic with sour stools. It is complimentary to Magnesia carb in the sour stools. May be given after abuse of Magnesia with or without Rhubarb if the stools are sour—H. N. Guernsey.

Rhus toxicodendron—Dunhams says that Rhustox and Rhus Radicans are very much alike in their symptoms. For the bad effects of getting wet after being overheated there is no remedy like Rhustox. My father Dr. P. C. Majumdar frequently remarks, that people who bathe after having a few motions, thinking that their system is overheated, seldom get well and the only remedy that can do any good in such cases is Rhustox. The Rhus patient is very restless, wants to change position frequently to get relief. He is very sensitive to open air and has great apprehension at night. The Rhus patient is particularly worse at night.

It is an invaluable remedy in cases that are likely to assume a typhoid form.

Stools involuntary, with great exhaustion in the beginning of typhoid, dark, yellow, watery, bloody, jelly-like mucous, bloody water, like washings of beef.

During stool there is nausea, tenesmus and a tearing pain running down the thighs. The tongue of Rhustox is very peculiar. It is dry and rough with a triangular red tip.

The Rhus patient dreams of hard labour, as if he is sawing, swimming, chopping wood &c. Many a cholera patient would be saved from getting into the typhoid state by the timely administration of Rhustox.

We have used all potencies beginning with the 3x and the 6th up to the c. m.

Here is a case I treated only lately:—A young man was attacked with a very bad type of cholera early in the morn-

ing about 3 A. M. After he had two motions, he thought his system was overheated and so he went to the river which was close to his shop and had a good bath.

I saw him for the first time at about 2 P. M. He was in the collapse condition. There was no pulse perceptible at the wrist, the extremities were cold, he was very restless, and was having violent cramps. Cup ars. 30 was given every hour. At about 6 P. M. I saw him again and there was hardly any improvement. Moreover he was having cramps in the sides and complained of great pain all over the body. Secale 30 every 2 hours. At 2 A. M. I had the report that the pains were unbearable and he had become very restless and was inclined to be delirious. Rhustox 30 every 2 hours. In the morning he was much better but still complained of the pain. The pulse was perceptible at the wrist.

Rhustox 200 one dose followed by Placebo.

In the afternoon he passed urine and gradually made a complete recovery.

Ricinus—Ricinus has become a very valuable remedy in the treatment of cholera. My late grand-father Dr. Bhaduri used the remedy with great effect in cases where Veratrum failed. Dr Hale in his new remedies suggested the use of ricinus in cases of cholera. Dr. P. C. Majumdar thinks this remedy very useful in diarrhœaic cholera. If a case of diarrhœa gradually turns into cholera and the patient becomes prostrated, Ricinus will be used with much good effect. Many authorities hold that castor oil poisoning never develops a picture of cholera, but we cannot agree with this view.

We narrate[below a few cases in illustration :-

A. T. Mitra, a school student, was attacked with the disease. He had frequent purging and vomiting. In the evening, he was passing many watery motions involuntarily. The eyes were sunken, pulse thready, the body was icy

cold, violent cramps, urine suppressed, great thirst and boring in rectum after evacuation. Camphor did him no good. Ricinus 6x was administered every hour. After two doses, the motions stopped and he looked better. Although the case took a protracted course and needed cantharis, opium &c. in the course of treatment, Ricinus changed the whole aspect of the case and he made a complete recovery.

Prolhad, aged 35 years, of robust constitution, was attacked with purging and vomiting on the 25th of December 1882. Dr. P. C. Majumdar was called at 6 P.M. and found him quite prostrate. The voice became husky, skin of the fingers and toes shrivelled, eyes sunken, nose pointed and pinched. On inquiring he was told that the man took some indigestible substances a day before. There was still purging and vomiting, the evacuations were serous mixed with flakes of mucus resembling the true cholera digesta. Pulse was scarcely perceptible at the wrist, extremities were cold. The cramps were not very marked, only there were slight contortions of the muscles of the extremities. He prescribed Ricinus after every stool. At 9 P.M, he was informed that four doses of the medicine were taken and the vomiting ceased; there were four stools, the last one passed about half an hour ago, was a little vellowish; but in the night, the friends of the patient could not exactly judge the real nature of the stool; but it was decidedly less copious and seemed to be thick in consistency. He saw the patient at midnight and found unmistakable improvement. The extremities were still cold but pulse could be found though very small and thready. He ordered the medicine every three hours. He visited the patient next morning and found him much improved in his condition. He passed one large semi-solid stool in the doctor's presence which consisted of fæcal matter, mixed with some yellow mucus. There was complete anuria before but with his last stool

he passed about two ounces of straw-coloured urine. The extremities and surface of the body assumed nearly the normal temperature. I discontinued the medicine and ordered arrowroot in water for diet.

(To be continued.)

Clinical Cases.

Ι

Saik Adu-an elderly Mahomedan, was attacked with a bad carbuncle in the back. It was located just on the neck and involved a considerable portion of the back as well as of the scalp. The extension upward was what frightened me the most. He was a highly diabetic subject and passed rather copious quantities of urine which eliminated the presence of large quantities of sugar. He was also frequently disturbed at night. The affected part looked dark blue and quite angry. As yet there was little or no pus coming out of it. It is my experience that those cases that do not discharge freely and where large open sores do not form, they generally end fatally. There was high fever and the parts were very sensitive to touch. I began the treatment with Lachesis 30. In three days' time there was hardly any improvement noticeable : only there were three or four openings now, which were discharging but not very freely. Hepar S. 30 was administered twice daily for four days. This did him much good. Large open wounds formed which began to discharge freely and profusely. The fever also went down. While I was satisfied with the condition of the patient, his people were very much frightened to see the gaping wounds and the low condition of the patient. However with the help of a few doses of Arsenic 30 and Silicea 30, I was able to bring the patient round and he is now a hale and heary man although he is over sixty years of age. In this connection, it should be noted that I had the sore dressed with steralized dressings and thoroughly washed and cleansed by a trained dresser every day. It is

a sad mistake to leave the sore in a filthy condition and keep on administering the indicated remedy.

II.

I was called in haste to attend to a young man, who had come home from work apparently afflicted with a bad type of cholera. He was purging and vomiting violently, there were cramps of the extremities, the pulse was thready and the finger-nails had become quite blue. Cup. ars 30 every hour. Four hours after I visited the patient again. He was worse. No pulse-beat was perceptible at the wrist. The extremities were cold. He was very restless and thirsty. Death was visible on the patient's face. Ars- 200, one dose.

At night I had the report that he was somewhat quieter, but the cramps still persisted, and the chestwalls were also affected with the cramps.

I made up 6 marks of Placebo in a bottle and 6 of Secale 30 and marked them Nos 1 and 2, and advised the administration of No 1 first every two hours. If he still kept on getting worse to administer No 2, the same way but if he improved to continue No 1, through the night.

The next morning when I saw the patient again with another physician in consultation, I found him much improved. In the course of another three or four days, the patient made a complete recovery. He also needed two or three doses of Rhustox 30, and one dose of Nux vom 200 during the course of treatment.

III.

I was called to see a Marwaree gentleman suffering from an attack of cholera, rather late one night. When I saw him, he was pusleless, the eyes were sunken, there was marked difficulty of breathing, great thirst and restlessness.

A single dose of Arsenic 200 brought this patient round, although he had much of Placebo, which impressed him and his people no little, but the single dose of Arsenic was what saved my patient and satisfied me-

J. N MAJUMDAR, M. D.

TWO CASES FROM MY PRACTICE. *

BY P. C. MAJUMDAR, M. D.

My colleagues and gentlemen,

My object in bringing these two cases before you is to direct your attention to the scope of homeopathic medication in cases of disease which are ordinarily considered as beyond the province of medicine. This I say of course is the allopathic view of the question. The homeopath, who knows Hahnmaun's system of medicine, who has the power to understand master's monumental work—the Organon and knows how diseases are produced and how they are cured, shall have no doubt in the curative virtues of indicated medicines. Dr. Bernard Bæhr very justly remarks that those homeopaths who disbelieve the Law of cure and the efficacy of the homeopathically selected medicines are either novices in homeopathy, quite ignorant of the curative power of our remedies or are imposters.

I have often heard even from our own rank, that homeopathic practitioners in this country neglect to practise the surgical art and for this reason they don't get surgical cases. The other day I learnt from a friend of mine that one of our reputed physicians of this city ridiculed the idea of curing hernia and hydrocele by medical treatment. He has been practising here for the last twentyfive years and I regret very much to hear from him that such cases are not amenable to medicine. If this be the experience of such an old practitioner, I don't know what he means by homeopathic practice. Gentlemen, I have no doubt in my mind that many of you will bear me out on this assertion. Some years ago a European

^{*} A paper read before the Calcutta Homeopathic Society.

gentleman, a patient of mine, met one of our experienced homeopathic physicians and in course of conversation, he asked the doctor about the curability of sinuses and fistulas by medicine. The doctor, who was otherwise a staunch homeopathic physician plainly remarked that such cases were not curable by medicine and homeopaths who pretend to say that they are so, are imposters. The European gentleman rebuked him that such remarks were not fair, as he himself was cured of fistula by homeopathic medicines.

Such remarks and wholesale condemnation are certainly not worthy of a physician who has the light of Halinemann's system before him. Of course, clean out demarkation should be made of surgical diseases and the mechanical portion of surgery. A man, a healthy and robust man, who has a gunshot wound and his limbs have been shattered and broken to pieces, must require amputation to save his life, a fractured bone should be put upon spints and bandages. Here surgery or surgical art is necessary, but surgical diseases with very few exceptions require dynamic remedies for their cure. Even , cases of tumors are very often cured by our remedies. Fistulas and sinuses are cured, there is not a shadow of doubt. So I beseach you, gentlemen, to study earnestly homeopathy and put the remedies of our materia medica to a crucial test in your practice. Then and then only you will be able to ascertain the truth of my assertion, Here are the cases :-

Case 1.

A case of sinus in the lower third of the left thigh with necrosis of the femur.

A young girl, daughter of B ibu B ilkuntha nath D is, aged about 12 years, had a small wound in left thigh. It became deeper and deeper every day when a big sinus in about one fourth the thigh in length was formed. There was no family history of syphills or tuberculosis in the family. The father

took the child to Dr. McLeod, the eminent first Surgeon of the Medical College hospital of this city. He thought the limb was bad and amputation of the thigh was the only means of saving the life of the patient. The father of the patient did not agree to that procedure and told the surgeon that she will be put under my care under homeopathic remedies. The Doctor made a joke and said, "very good I will cut off the limb and Dr. Majumdar's small globules would build up the limb."

However next day the patient was brought to me and after examination I thought it to be a simple sinus in the limb and I should be able to cure it by our medicine. I began treatment with Hepar 30 which was then the indicated remedy. In the course of a week the parts became red and inflamed which Hepar's, was sufficient to bring it to a head - an actual abscess was formed. Hepar s. had been continued and the abscess burst with the result that after all the pus had been discharged a portion of the dead bone became visible. I then thought about the real position of the limb. I did not change the medicine and in two three days a very big splinter of the head of the femur was visible. I asked the advice of my dear friend Dr. D. N. Ray who was also of opinion that as a large portion of bone was diseased, it is advisable to have recourse to amputation. This gave a great shock to me and I thought I would do my best till the last.

I explained this to the father of the patient and promised to charge him no fee if the case was given to me for a last trial. He however consented and I asked the help of my former pupil Dr. K. L. Bagchi in the treatment of this case without remuneration. He gladly consented to my request and we began in right earnest. He dressed the wound and carefully watched the progress of the case. I also attended every morning.

To make the narrative short I tell you, gentlemen, that our honest exertion was crowned with success. With the help of internal medicines, assisted by some external applications the dead bone was thrown off and complete healing of the wound took place. There was no sinus left behind. The only defect left behind was the shortening of the limb to a little extent.

The remedies used in this case were Hepar Sulph, Lapis alb, Calc sulph, Nitric acid and occasional doses of Sulphur. The externals were Calendula lotion and oil.

This indeed was a marvellous case and I wanted to show the case to Dr. McLeod and to tell him whether our tiny globules were able to build up a diseased limb or not. The father of the patient however did not allow me an opportunity to do so. This patient has become a young lady now enjoying good health and use of the limb.

Case II.

My second case, gentlemen, happened very lately in a European youngman. This patient is the son of Mr. Bridgnell of Eastern Bengal and Asam Government service. This case you can speak pathologically as a tubercular knee. This young man was in indifferent health from his early boyhood. When presented to me for treatment he was pale and anemic looking with feeble digestive power and fleeting pains here and there in various parts of the body. He had a slight rise of temperature in the evening. From a long time he was subject to cold and catarrh. The chilly patient never wished for bath. I found his left knee-joint somewhat swollen, and painful. It was bent on his thigh to an acute angle. There was tenderness on pressure and any attempt to extend it was attended with unbearable pain. I began the treatment with a few doses of Calc. c. high, one dose

every second or third day. He was improving slowly, when the fatal earthquake happened. He had to be removed from that house at the time and so he was exposed to rough handling and incessent rain. This had a very deliterious effect on his health. The next day fever ran very high, pain increased and a very difficult and painful urination took place. He was in intense agony. Constant micturation for him at this stage was aweful.

I gave him Merc. sol 30 three times a day according to symptoms and for impending cystitis. Pains were great but frequent and difficult urination were somewhat relieved. At this juncture, the mother by the advice of her friends brought in Dr. Bird for advice. The doctor advised her immediate amputation of the limb, higher up the knee, otherwise there was immediate danger to life.

She telegraphed to her husband and he wired to keep the patient under my care till he comes. A lady friend of the patient had great faith in my son; so she requested me to call my son Dr. J. N. Majundar and we thought upon Berberis as our remedy in the case now. This had the desired effect. The fever abated and urinary frequency and distress were relieved. We now got time to treat the case constitutionally. Calc. phos. c. m. was our medicine now and strange to say that in the course of a week the swollen limb was greatly reduced in size and pain relieved. The father of the patient came on leave and having seen the patient so much better wanted my permission to take the patient to Shillong where he was posted at the time. I gave him a few doses of Calc. Phos, and a considerable quantity of placebo globules. This had the desired effect of completely curing the patient.

After a lapse of three months, the patient informed me that use of the limb was perfectly restored and general health invigorated. Out of great enthusiasm for this cure of his case he sent me two copies of his photograph, one for my son and one for myself. He said "Dr. I am now walking like a soldier and eating like a horse, and you will be glad to see my ruddy face. I am now perfectly cured. Thanks to Homeopathy and your and your good son for this happy result.

Gentlemen! What shall I say to all these. Be falthful to Hahnemann and homeopathy and we think success in treating sick persons will be your reward.

BACTERIOLOGY AND THE INDICATED REMEDY.. *

By CLAUDE A BURRET Ph. B., M. D., Ann Arbor, Michigan, Assistant Professor of Dermatology and Genito-Urinary Surgery, University of Michigan, Homeopathic Department.

These are indeed wonderful days in the development of medicine. So much so that we are approaching the time, if we have not already reached it, when the square and compass may be used with a high degree of accuracy in determining not only the diagnosis of disease but also the therapeutic measures necessary for its relief. In other words, we are at the dawn of a scientific demonstration of the medicinal cure of disease.

A well-trained scientist recently remarked in a conversation with your speaker that "it had not been proven that abnormal bodily conditions have a counterpart in drug diseases." My friend's statement was incorrect, yet it called forcibly to mind that we have not sufficiently demonstrated the fact that drugs will and do affect the same bodily cells as are affected in ill health. Such a time will come when

^{*} Read before the Homocohpathic Medical Society of the State of Ohio.

men who fully appreciate the above principle are permitted to do research work in laboratories like the Rockefeller and Carnegie Institutes, side by side with other scientific workers of the day.

The clinical evidences of the past and present are of the greatest importance, but they only convince those who are willing to come half way. The history of sectarianism in medicine has seen such rivalry and jealousy that more than a report of demonstrable proof is required.

Who would have thought twenty-five years ago that we should even look to the bacteriologist as the one to prove a law of cure? Yet that condition is established today. While Von Behring, Metchnikoff, Ehrlich, Koch and others have recognized the important part that bacteria play in disease, and their products in its cure, yet not until Wright led the way was the full meaning of the relation of bacterial products to the cure of bodily ills made clear. Let me go one step further and state that before the full meaning of this opsonic work became plain, it was necessary for Wheeler to suggest to Wright the broader application of this principle.

It was not new that phosphorus, when indicated, should increase one's resistance to the tubercle bacillus. Clinical evidence of that point is in the minds of many present. The manner in which that process takes place and its proof, as shown in the opsonic index, had paved the way to a positive determination of the value of any remedial agent in germ diseases.

As to just what takes place in the human economy to increase vital force we are indebted to Wright for our knowledge. We have been wont to tell our patients that the medicine we give them assists nature in making the cure. That statement is true, but it has taken centuries to determine in what manner it assists nature. We now believe that

if silicia is the indicated remedy in the treatment of a given case of a germ disease, it will increase the patient's opsonic index to the causative germ. We do not mean to imply that the above process should be instituted in every case, for it is a long and exceedingly difficult procedure. For practical purposes it has been shown that the clinical signs manifest by the patient are a sufficient guide to determine the indications for a drug.

Whenever the body is attacked by disease, or by a poison. it at once begins to react whether the causative factor be the toxin from the development of bacteria in the body, from a lack of equilibrium of the body cells, or from non-bacterial poisons that enter the body. The degree of resistance which the body sets up depends upon the nature of the foreign poison and the previous health of the body. Should the disturbance be but a slight bacterial toxemia, the resistance of the body will be but slight and will be shown by a low opsonic index. Should the infectious organism be more virulent, like Klebs-Loffler bacillus in diphtheria, the resistance of the body will be increased, but it may be unable to develop sufficient resistance within itself to overcome the toxin thrown off by the germs. The first case requires some remedial influence that will stimulate the body cells to develop antitoxin or, in other words, to build up bodily resistance sufficient to overcome the toxin thrown off by the bacteria. For that purpose Wright used a certain number of dead bodies of the bacteria causing the disease, together with their toxins. The object being to throw into the body additional amounts of the toxin that the body might be driven to produce an increased resistance. He was able to prove, by examination of the blood, that he had increased the patient's fighting powers for the given abnormalities.

: In the second case (that of diphtheria) we are confronted

with a different and unusual condition. The virulency of the toxin thrown into the system by Klebs-Loffler bacillus is so marked that, while the body reacts greatly, yet it is unable to develop of itself sufficient antitoxin to neutralize the toxin. It is in such cases that a foreign anti-body has been employed. In either the first or second case a neutralization of the bacterial toxin in the patient does not necessarily leave the body in perfect health. It is then that the properly indicated remedy clears up the case.

We said that if Wright can determine the power of resistance of the body for a bacterial disease and so measure the value of a toxin, then we may in like manner demonstrate whether a drug increases one's resistance for a germ disease. It can be clearly shown that not only vaccines may increase the opsonic index, but that drugs properly prepared and indicated likewise perform that same function. I need not refer to the experimental work which has established this point. It is important for another reason, emphasized by the fact that the best results, with few exceptions, are obtained by the giving of a so-called antogenous vaccine. And that means the toxin from germs developing in one host are not identical with those developed in the second, hence they do not fit the conditions of the same patient. One drug may increase the opsonic index against pneumococcus in one patient, and not be the remedy in the second.

We further stated that all influences which tend to injure the body cells call forth a resistance in the form of a so-called anti-body. In a paper before the Toledo Medical Club two years ago, we suggested the possibility of there being a definite cellular resistance on the part of the body against non-bacterial diseases. In other words, when body cells are injured they tend to fight back. It was pleasant news, then, to learn that Ford had found by actual experiment, that

increasing doses of rhus tox. would develop in an animal such a condition of the blood that when its serum was injected into a second animal, a degree of immunity was developed in the latter that would resist greatly increased doses of thus. Ford called the substance developed in the blood serum a rhus tox. anti-body.

In brief, if the toxin thrown off from the development of germs in the body will stimulate the body cells to produce a protection in the form of an antitoxin; if a poison like the one mentioned will stimulate the development of a drug anti-body, and if certain drugs by actual demonstration will cause the body to develop an anti-body that will increase resistance against the invading bacterial toxin, have we not established the rule that the indicated remedy will, with few exceptions, meet the conditions necessary to throw off bacterial disease?

There seems to be a fairly unanimous opinion now, borne out by the various tests, that the body is most susceptible to bacterial invasion under certain conditions of lowered resistance. It is possible, theoretically, to dertermine the germ that would be most apt to invade the body at a given time. However, such a procedure could not be carried out practically for obvious reasons. Yet the body symptoms have been shown by actual test to be such a perfect index that properly selected remedies will increase one's fighting power to the point of avoiding an oncoming attack.

If attenuated drugs resemble bacterial toxins in their effects, as we believe they do, then such a method is the rational treatment for incipient conditions. It forms a scientific basis for the giving of such a remedy as belladonna to produce an immunity for scarlet fever; and pulsatilla, in many cases, in a like manner is a prophylactic agent against

measles. It should be understood that the above-mentioned remedies are only given when indicated,

If, as has been demonstrated, phosphorus will increase the opsonic index to tubercle bacillus, echinacea angustifolia to staphlococcus aureus, and natrum sulphuricum to colon bacillus, then we make bold to say that the indicated drug will increase one's resistance to germ diseases in general.

In conclusion, let me say that we are scarcely beginning to understand the why, for giving the indicated remedy; and, since life itself is such a mystery, we can only approach a solution. To truly assist nature seems the only rational way.

The New England Medical Gazette.

THE SPIDER AND THE FLY.

BY A. H. SEIBERT, M. D. JEFFERSONVILLE, IND.

Some things are easily forgotten, and for this reason bear oft repeating; in this category comes the subject of medicine, its past and present history, and its great development in past years.

In writing this paper it has not been my object to advance any new ideas or even to elaborate on any that have been advanced in recent years, only to bring before you many of the old and time-worn theories and statistics handed down to us by our forefathers in medicine.

To get a perfect scope of the modern progress in medicine we must necessarily know something of its past and for this reason I have collected some data on medicine of former years.

The practice to-day compared to that of former days is much more scientific, to say the least; this may even be

made much more so if we follow along nature's lines, or, in other words, Homeopathy.

The practice of medicine as we learn from the Scriptures started soon after the expulsion from the Garden of Eden, when the Jews were known to have practised the healing art, although we have no authentic report of the practice until the time of Hippocrates. To him is attributed the credit for the foundation of the practice of medicine.

Hippocrates soon discarded the many superstitions held by the people of that day, and in their place laid down the laws of what was supposed to be the rational medicine, and these laws as such remained for many years.

He divided the causes of disease into two great classes, namely, those due to influence of season, climate, water and situation. Secondly, those due to the food and exercise of the patient in question. You will readily see the great resemblance between these ideas and the ones that are being carried out by the most scientific men of our day; for instance, to-day the diseases are classed as to those which are produced by germs and those not produced by germs; secondarily, the above influences have much to do with the destination of the disease in question.

His theories as to diagnosis and etiology of disease I think were very good, but his treatment was much at fault, for the reason that he hardly ever gave any medicine, he treated mostly on the expectant plan, often allowing his patient to die without further treatment than the regulation of habits and diet. This phase of his work, some of the recent medical journals tell us, has been taken up by some of the leading allopaths of our day, when such men as Osler and men of this caliber say that their patients do better without medicine. This point has also been carried out in the statistics of some of the leading hospitals over the country, which I

have had the pleasure to review. The results as I find them show that the mortality under strict allopathic treatment is the greatest, those receiving no medicine at all coming next, and those having homeopathic treatment having the least mortality of any.

During the entire time of "Hippocrates there was much distention among the medical profession; they were often divided against themselves, so much like our own profession some five or six years ago, but upon the appearance of Galen some years later this was changed; with one accord they combined into one great body with Galen at its head. The very thing that some of our friends are preaching to-day; but let us go farther. While Galen lived and contributed much to the practice things went on smoothly, but after his death we again find this dissension arising and many new sects formed, the antagonism growing until only a few years ago you may recollect the resentment that was shown toward the Homeopath by the so-called regular.

Of the great number of sects formed after the time of Galen four leaders still stand, namely, Homeopathy, allopathy, electic and hydropathy. Just a few words that we may know in just which way each of these paths will lead.

- 1. Electic.—A sect of physicians who profess to choose from each sect that which they think best for the patient always opposing heroic measures.
- 2. Hydropathic.—Water cure so-called, those who claim to cure by the use of water, internal and eternal, and the regulation of the diet.
- 3. Allopathic.—So-called old school, claiming to cure by the use of drugs and other measures, which will produce in the body a condition opposite to that produced by the disease to be cured.

To sum up, medicine must be practised in one of three ways, antipathic, or the palliative methods of Hippocrates.

Allopathic, as the name implies, allo meaning other, and pathic meaning disease: in other words, producing in the body a dissimilar disease for the cure.

Homocopathic, homoco meaning like, and pathic disease; producing a drug-disease similar to the one to be cured. Similia Similibus Curentur.

Hippocrates, although claiming to be the father of old school, often prescribed homeopathically, of course, unconscious of the fact. On one occasion he was said to give the patient a draught made from the roots of the mandrake (Podophyllum) in smaller doses than is sufficient to produce mania, as true Homeopathy, as if he had known the true drug action.

Take the hair, it is well written, Of the dog by which you're bitten,

Shakespeare in Romeo and Juliet says:

Tut, man, one fire burns out another's burning, One pain is lessened by another's anguish; Take though some new infection to the eye, And the rank poison of the old will die.

Milton tells us that things of melancholy hue and quality are used against melancholy, sour against sour, and salt against salt humors.

(To be continued.)



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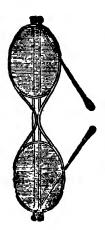
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No. 11.

THE CALCUTTA HOMŒOPATHIC SOCIETY.

We notice from an appeal sent out by the Secretary. that the society is in need of funds and that it has come to this state on account of the non-payment of dues by the members of the society. We remember very well, how some members proposed that the monthly subscription should be a substantial one, at the beginning when the society was started. We knew at the time that if the monthly dues were moderate, we would have many members and the society would have a prosperous and useful career. Accordingly a very moderate amount was fixed as the minimum subscription for the memebership of the society. The society has for its object propagation and promulgation of the homeopathic system of the healing art and serves many useful purposes for its members. It was because we had this society that we were able to raise a memorial to our late lamented colleague Dr. Netai Charan Halder. We had many illustrious men among our ranks, who have departed and for whom we have been able to do nothing. Moreover, it has brought

about a good fellow feeling among the different members of our rank. It gives us an opportunity of meeting each other frequently and exchanging our views. Under the circumstances we beseech all the members of our profession to be charitable towards this infant institution. The society has done much in the past, it will do more in the future.

J. N. M.

NEW REMEDIES.

Cuprum Sulphuricum.

It is a very rare remedy among the homeopathic physicians. The old school physicians use it as an emetic and caustic. In granular lids they use it to destroy the minute granules in the palbebral conjunctiva and in cases of poisoning its sphere of action consists in causing vomiting,

I made use of it in cases of cholera with violent vomiting and purging. Stools are green and watery pouring in torrents.

Recently I had a case in which the patient regained his pulse, temperature rose to normal and re-action was perfect. But stools were of dark green colour and vomiting of blue watery substance continued for sometime. Ipecac, Iris and Podophyllum failed and Cuprum sulph 30 cured in a day.

Cornus Circinata.

I find this remedy very efficacious in cases of diarrheea with following symptoms:—Stools watery, yellow or greenish, very offensive, tympanitic distention of abdomen, relieved after passing stools but distention appear again. In this way it continues for sometime. I have cured many cases of diarrheea of this nature by a few doses of this remedy. Great debility

and prostration with chilliness and somnolency are characteristics.

I used Cornus Florida in fever cases with this kind of diarrhœa. In this country malarious intermittents are often found with diarrhaic stools where Cornus florida is very useful. In typho-malarial it has been used with great success.

Stillingia Sylvatica.

It is a popular remedy in syphilitic bone affections, notably where the bone pain is aggravated at night and is very similar to syphilinum. It has also been used in affections of throat, mouth and head.

For syphilitic nodes it is a good remedy; it often enables to dispense these nodular growths in the bone. Various skin affections are cured by this remedy.

It is not only a syphilitic remedy but also efficacious in scrofulous diseases of various kinds and also for rheumatism. These pains are aggravated by movements, walking about, but relieved by hard pressure.

Raphanus Sativus.

It is a very much neglected remedy. In our younger days we used it in cases of diarrhea and dyspeptic disorders. Considerable wind in abdomen but not passed for a long time is a characteristic of this medicine. Dr. Clarke says, burning sensation in epigastrium, followed by hot eructations ending in headache lasting the whole day after eating a single radish.

It is useful in hysterial cases resembling Nux mosch. Balls ascend to the throat, sinking feeling in abdomen at the latter part of night resembling sulphur.

P. C. MAJUMDAR, M. D.

A STUDY OF THE REFLEXES OF THE APPENDIX.*

By W. E. GREEN, M. D., LITTLE ROCK, ARKANSAS.

Modern investigations have disclosed the fact that in man and in other mammals as well there are two brains, which, while performing different functions, are in a measure of equal importance to the welfare and existence of the individual. The cranial brain, the speaking brain, presides over mental and sensate functions. It gives origin to thought and feeling. To the untutored observer this overshadows all other phenomena of human life, and it is true that the great nerve centres, situated within the cranial cavity, dominate man's wordly existence. It is the fountain-head from which intellectuality flows that distinguishes man from all other animals; here, also, resides consciousness, which guides and protects him both physically and morally.

The other brain is the abdominal brain, the silent brain, as it were, which presides over organic life, the director of rhythm. It receives sensations and transmits motion, all viscera are dependent upon it for rhythmical life, without which all physiological life would be nil, since all physiological function depends upon rhythm. The abdominal brain is an automatic brain ganglion. It consists of two ganglia situated about the coeliac axis, lying just behind the stomach. It is composed of a meshwork of nerve ganglia, and is made of a union of the two pneumogastric and the right phrenic. It is really two ganglia united by cords, and is known as the solar or epigastric plexus. It is the head centre of the great sympathetic; and through its ramifications is in touch with every necess of the animal economy. In order

^{*} Read at the American Institute of Homeopathy, Pasadena, 1910.

to gain a more comprehensive understanding of the magnitude of the sympathetic and its far-reaching influence over organic life, it will be necessary to give a succinct review of the sympathetic nervous system with its lateral chain of ganglia.

Without going into minute detail, it will suffice to say that there are three cervical ganglia, eleven thoracic, four or five lumbar, four sacral, and the ganglion impar, where these two ganglionated cords terminate. The upper ends of these two ganglionated cords meet within the cranial cavity in the garglion of Ribes, which is located upon the anterior communicating artery.

The superior cervical ganglion sends ascending branches which accompany the carotid artery, and dividing into the carotid and cavernous plexuses sends fine twigs to the pituitary body, the sympathetic root of the lenticular or ciliary ganglion, communicating branches to the third, fourth and ophthalmic division of the fifth cranial nerves, and terminal branches to the ophthalmic and cerebral branches of the internal varotid artery. The carotid plexus sends branches to the sixth cranial nerve, to the Gasserian ganglion, the tympanic or small petrosal, the great deep petrosal which joins the great superficial petrosal of the facial nerve. The superior cervical cardiac branches, given off from the lower part of the ganglion, terminate in the superficial cardiac plexus.

The middle cervical ganglion gives off the middle cardiac branches.

The inferior cervical ganglion gives off an inferior cardiac branch.

The lower six or seven thoracic ganglia form the three splanchnic nerves, distributed, respectfully, to the semi-lunar ganglion and the renal plexus.

The four or five lumbar ganglia send branches to the

aortic plexus and the hypogastric plexus; the four sacral ganglia also send branches to the hypogastric plexus.

It is claimed by original investigators that visceral ganglia are located in each organ, similar to those in the cardiac muscle, and are concerned in the physiologic and pathologic function of the organ. In the muscular structure of the digestive tube there exists Auerbach's plexus, which determines the shythm of the part, while Meissner's plexus, located in the subspucous, determines the secretory function of stomach and intestinal digestion. Excretion, normal or pathological, is likewise dominated by the same force. This same principle may reasonably be supposed to apply to the kidneys, liver, paucreas and other organs.

We detail these anatomical facts in order to illustrate where in the prevertebral plexuses, that is, the cardiac, the solar and the hypogastric, are connected with the thoracic. abdominal and pelvic viscera, as well as the cranial structures through their communication with the cranial ganglia. We will further state, but more minutely, that a sympathetic sheath of nerves accompanies every vessel to each organ and structure of the body, controlling its blood supply. The whole sympathetic or vasomotor nervous system is a unit and is practically independent of the cerebro-spinal system. is irritated in any of its nervous centres or periphery. function may be disturbed in any part of the body. All rhythmical action is under its control. Rhythm is life (while stillness or non-rhythmical action of some organ may exist through cerebro-spinal inhibitory dictation, at the same time nutrition, the very life of the organ, depends upon the functionating power transmitted from the sympathetic nervous system). All glandular action, secretion, excretion, absorption and nutrition is dominated by it. Capillaries are either flushed or emptied through its mandates, and it holds unlimited

sway over all digestive function from the mouth to the anus-In short, through an irritation of any of the sympathetic parts the whole animal economy may be thrown into a tumult of disorder, both structural and functional.

All cases of appendicitis are of microbic origin. The germs are ever present, ready to take advantage of any morbid disturbance to begin their deadly work. While the color bacillus is the chief disease producing factor in supporting cases, there are other pyogenic organisms that play a good second, that is, the staphylococcus and the streptococcus, which are even more devastating in their ravages. Besides these are a host of other pathogenic bacteria which excite inflammation and superinduce chronic degenerative tissue changes.

The appendix is plentifully supplied with lymphoid tissue, a factor greatly favouring the inflammation to which the organ is so subject. The primary seat of the disease is usually in the mucosa, but in serous grades it rapidly extends to the submucosa, and frequently to the muscularis and the serosa, with attendant congestion of the vessels, stasis of blood exudates, and frequently hæmorrhagic infarction. If necrosis or suppuration does not occur, the swelling and infiltration causes thickening of the walls, giving the appendix its characteristic rigidity and hardness so often observed. This condition seldom subsides during the intermedium of attacks and becomes more pronounced with every recurrence. There is always more or less impairment of the circulation and degenerative tissue changes.

The fibrinous exudate contracts and pressure changes occur in the tissues, distorting the anatomical structures, often stricturing or obliterating the lumen, producing adhesions to adjacent viscera, and, last but not least, inpinging sympathetic nerve filaments and causing irritation

that is passed to the abdominal brain, and may then be sent over connecting branches to the stomach, bowel or liver perverting their function. Stomach and intestinal digestion may be disturbed causing fermentation and the production of gases. The colon may be interrupted in its function, resulting in constipation and coprostatis, greatly increasing the intestinal bacteria with consequent auto-intoxication and pathological changes in structure. The irritation may travel along the splanchnic to the cardiac centres, impairing cardiac rhythm. It may be, and usually is, reflected to the genitourinary organs, producing an endless chain of functional disturbances in the ovaries, oviducts and uterus. These reflex disturbances may not be confined to nearby abdominal and pelvic viscera, but the higher centres of the brain, in subjects of a neurotic temperament causing vascular disturbances, and it may be tissue changes, headaches, neuralgias, psychic aberrations, epilepsy, insomnia, neurasthenia and hysteria. In short, wherever a sympathetic filament is distributed the rhythm and function of physiological processes may be disturbed with all the consequent evils.

The appendix, located as it is at one of the transition points of the alimentary canal, bestows upon it distinguished prominence. It stands in a class with the bile ducts near the pylorus and the fallopian tubes at the upper corner of the uterus. Disturbances in its physiological anatomy disturb function, either proximal or distal, along all points of the alimentary tract. The fine balance of viscera, the normal function of all organs, depend upon perfect sympathetic nerve action. An abnormal irritation of this causes a disturbance of rhythmical action and the whole fabric is out of harmony. In order to give a practical illustration of the subject I will report two cases strikingly characteristic.

CASE FIRST. - Mr. A., æt. 32, of good habits and uniformly

good health all his previous life. About three years ago was attacked with a mild form of appendicitis. He suffered from recurrence every few weeks. These were attended with but slight nausia, cramps or fever. During the intervals he complained of more or less tenderness over the appendix and suffered from indigestion, constination and insomnia. gradually lost in both flesh and weight. He became nervous and melancholic, complained of neuralgic pains, disturbance of vision, ringing in his ears, etc. He brooded over his condition, neglected his duties and would cry in fits of despondency. His family became painfully sensible of his mental impairment and psychic delusions and urged upon him the necessity for having the diseased organ removed. He finally submitted, but with fear and trepidation. The appendix was long, the lumen narrowed, in some places obliterated by fibrous infiltration, and cotained small enteroliths. There were delicate peritoneal adhesions and the mucosa showed areas of hæmorrhagic infarction. There was no evidence that a suppurative condition had ever existed. It was might be termed a chronic catarrhal or interstitial appendicitis.

His recovery from the operation was uneventful, and he immediately began to improve, and within a few months was well in every way and has remained so up to the present time.

CASE SECOND.—Miss B., æt. 20, had suffered from recurrent attacks of appendicitis for the past three years. During this time her health became much impaired. She suffered greatly from gastric and intestinal indigestion, and her physician had kept her most of the time on diet. The bowels were constipated, and she was greatly distressed from gases. She had irregular and rapid heart action, vertigo and shortness of breath, headaches and disturbed and painful menstrua-

tion. She was anæmic, nervous and suffered from insomnia. In truth, she was a typical neurasthenic. While in the midst of a mild acute attack she decided upon an operation.

The caecum and adjacent viscera were found to be more or less congested, a mild peritonitis existing. The appendix was the seat of some plastic exudates, was long and distorted from fibrous contractions, the walls were thickened and the mucosa highly congested with points of ulceration, the lumen was constricted in places and contained fecal lumps.

Her recovery from the operation was prompt and her return to health rapid. She went to the mountains, and in three months returned strong and ruddy.

CASE THIRD.—Was consulted by L., æt. 30, a veritable neurasthenic, who had been treated by a host of physicians of more or less prominence, among them a noted surgeon who placed him in a hospital and kept him under daily observation for two months; varied diagnosis had been made, and all kinds of treatment had been justituded, even to the application of a double truss (he had no hernia, however.) He suffered from all the pains that usually accompany the different forms of neurasthenia, the most pronounced of which was in the back, neck of the bladder and glans penis; the latter distressed him most of all, while he constantly referred to the genito-urinary organs as the seat of his greatest suffering; he also complained much of gastro-intestinal disorders.

A physical examination revealed a hypersensitive condition of the colon along its entire course and considerable tenderness over the appendix. As I could find no evidence of actual disease of the genito-urinary tract, I concluded that the appendix was responsible for the whole train of nervous symptoms and pains.

My diagnosis was accepted, and the patient went imme-

diately to the hospital for an operation. The appendix was the size and two-thirds the length of a lead pencil, the walls were thickened, the lumen more or less obstructed and the adjacent structures congested. The patient was up on the third day and left the hospital on the sixth. Theimprovement was most gratifying, for the pains and aches disappeared as if by magic. The most remarkable relief was from the irritation at the neck of the bladder and glans penis. These were all gone when he awoke from the anæsthesia. He soon developed a voracious appetite disgested his food well, rapidly gained in flesh, and color took place of paleness in his cheeks. He says he never felt so well in all his life as he does now.

This case presents some interesting features for study in the nerve circuit involved in the transmission of reflexes. There were not only disturbances causing pains and discomfort, but there were silent reflexes going on superinducing perversions of organic function and consequent disordered metabolism.

The appendicular irritation was transmitted along sympathetic connection to the hypogastric plexus. The hypogastric plexus situated in front of the sacral promontory is formed by the union of numerous filaments which descend from the aortic plexus and the lumbar ganglia. This plexus bifurcating below and in conjunction with branches from the second, third and fourth sacral spinal nerves forms the pelvic plexus. From this arises vesical plexus which contains a large proportion of spinal nerve fibres. Filaments from this plexus supply the base and sides of the bladder. (Note the cerebro-spinal connection.) The prostatic plexus is also a branch of the pelvic plexus. The nerves composing it are of large size; they are distributed to the prostate gland, seminal vesicles and the erectile structure of the penis. The nerve

supplying the erectile structure of the penis, the large cavernous, passes forward along the dorsum, joins with the dorsal branch of the pudic (again note the connection with the cerebro-spinal nerves) and is distributed to the corpus cavernosum and spongiosum, including the glans penis.

From a study of this nerve supply it can well be understood how this man could have pain in the head of the penis and bladder, irritation of the sexual organs and sexual hypersesthesia superinduced by a chronic inflammation of the appendix.

A prominent nerve specialist pronounced him "a sexual neurasthenic," but gave no reason for his diagnosis. I think the term "sexual nerve waste" is usually a misleading one. This man undoubtedly suffered from sexual nerve waste, but not from the disease of the sexual organs proper. The functional disorder was transmitted through the sympathetic nervous system and reflected to the cerebro-spinal through its affiliation with the dorsal branches of the pudic nerve.

It is just as plain to account for the gastro-intestinal disorders and disturbances of the process of metabolism by tracign the sympathetic connection upwards.

"THE INDICATED REMEDY."*

BY J. W. MEANS M. D. TROY, OHIO.

This is a very comprehensive subject. One that appeals to the homeopathic physician more forcibly than to any other class of medical practitioners.

The indicated remedy is the question in the mind of every physician when called to see the sick. Why there should be any difference in the judgment of the attending M. D.'s as to the remedy or method selected has puzzled the laity as much, if not more, than the disciples themselves of the healing art.

^{*} American Institute of Homospathy, Bureau of Materia Medica.

The fact that medicine is not a science, but only an art gives every pretender, every believer in occult science and mysterious phenomena, so firm a footing (in their own minds) that they alone tread the silvery path to the fountain head of curative medicine that the carefully and scientifically educated student of the present day does not get the recognition that he deserves.

Yet with all this uncertainty in result, Hahnemann's theory of aiding nature, prescribing on the basis that like is cured by like, we have the only rational system known to man for the correct administration of drugs. Clinically we have known this for centuries, but only recently have we been able to demonstrate to the satisfaction of honest investigators that our potencies have efficacy and that there is a power in drugs independent of the actual material substance. Prof. Wright, one of the most noted scientists in all Europe, asserts, the atom once believed to be the smallest division of matter has recently been divided and subdivided into such infinitesimal portions that it is indeterminable whether it is matter or spirit.

The indicated remedy does not always mean drugs to be administered internally - it may mean mechanical appliances, chemical reagents or possibly mental suggestion.

The homoeopathic physician believes in the potentiality of the invisible world and that the great forces of nature are intangible. To oppose this doctrine would be equivalent to the assumption that mind has no influence over matter. We are continually being harassed by the siren song of affiliation by the alopathic school of medicine. We are supposed to be fit subjects for absorption—why? Because we have not, through the agencies of our school of medicine, stood firm and strenuously asserted the supremacy of our theory. Clinical experience, human experience and escientific research all

confirm the pre-eminence of our doctrine and yet we are asked to become mendicants and subscribe to a false theory.

Recently the tread of allopathic thought has been deflected. Environment moulds one's opinion and leads him into the light of truth. Being more closely associated with Homoeopaths, they have absorbed new light and a pillar of fire has appeared in the heaven to lead them through the Stygian darkness in which they are engulphed. In serum therapy they have, as they imagine, discovered a new and important principle, to which they cling. Their theories come and go like the fashions, some of them return into respectable vogue for awhile, but many of them lapse permanently into innocuous desuetude. They are as shifting as the sands on the sea-shore. Yesterday an acknowledged medical truth is discoarded to-day, and scoffed at, though teachers of science and leaders in medical lore advocate them.

It is remarkable how gracefully the iphysicians of to-day can glide from the old to the new—from the idiscarded to the untried—like the toboggan slide, the momentum acquired, while enthusiastically advocating the present day fad, carries them over the depression following the decadence of their theory and lands them on the crest of a new wave, ready for another glide.

The newly coined phrase, euphoneously termed the "Opsonic Index," is purely a synonym of Hahnemann's method of curing disease, termed 'aiding nature."

The medical world has been perturbed somewhat by recent discloseres, perporting te be original and scientific; but when compared with the organon, and the writings of the pioneer Homoeopaths, they are simply old truths clothed in new garments To aid nature in restoring the sick to health or to raise the 'Opsonic Index," is a similar process, and when we give tuberculinum for the cure of tuberculosis we

are in harmony with the first principles of homoeopathic advocates more than a century ago.

It behoves us as Homeopaths to become acquainted with our own doctrine the first principle of our school of medicine because, recent investigation in scientific and psychical phenomena confirm the Hahnemann theory.

The vaccines, whether administered hypodermically or per orum are dilutions of the similimum and indicated only in disease from which the vaccines are taken. It is not necessary to discard drugs as our confreres do, for we have in our provings demonstrated the similarity of drug pathogenesis and pathological lesions. Hence we accept the vaccines as now called and as administered as proof of the law that like is cured by like—furthermore, that drugs when prescribed in accordance with the principle of "Similia" raise the Opsonic Index, or, in language more intelligible and less delusive, aid nature in opposing disease.

What is the indicated remedy in diptheria ? The antitoxine enthusiast will certainly prescribe his favourite dose. Now it has been clearly proved that the curative action of antitoxine is not the neutralizing of the circulating toxine, but the detaching of the tissues from the toxine, consequently the normal functions of the tissues are restored. In other words, nature has been aided and life assumes its harmonious course.

In every recent so-called discovery, pertaining to the action of drug substances, whether they be called vaccines or antitoxines, tonics, sedatives or what not, there is no other rational explanation than that given by Hahnemann.

At this late day, after the lapse of a century, science has unfolded to us and has brought us to a realization of what every homeopathic physician knows to be true, that disease is dislodged by a process of elimination caused by influences

external to the body. These forces may be induced by drugs, message, electricity, and in many instances by mental suggestion.

Mental therapeutics is a living subject. When you are stimulating the nerve centres, aiding the natural forces inherent in living tissues, you are raising the Opsonic Index, or, in other words, prescribing the indicated remedy.

The importance of mental symytoms cannot be too highly estimated—every pathological lesion has its mental manifestation; and every drug has its characteristic counterpart in disease, Consequently the state of the mind is a true index of the disturbed function and the remedy that will dissipate said manifestation is graphically pictured somewhere in the provings of our drugs. The homeopathic physician is not limited to the internal administration of drugs. We are free to use mechanical, chemical and local measures for the relief of pain and for conditions not amenable to drug action.

We are passing throug the crucial stage of Homeopathy—we have not been asleep, but slumbering indolently, content with the conscious knowledge that we have in "Similia" an axiom a self-evident truth, and the assaults of our enemies will avail nothing. During this stage of lassitude the enemy has been industrious. Our lines have been broken, and we are confronted with the advance scouts of the allopathic school with bayonets bristling in our faces, and inscribed on their banners that great and glorious discovery that tuberculosis is cured with tuberculine, and that all cures are due to raising the "Opsonic Index." They claim the honor of being the discoverer of this grand truth, and in no instances have they given credit to whom it belongs.

Homoeopathy is a distinct school of medicine. Our tenets are founded on truth. They have been proven clinically and scientifically. To stand still depending upon the righteousness

of our cause will not save us. Truth is only a comparative term, and when confronted with the same truth, polished by experienced diplomats, the world loses sight of the lesser light and clings to the greater. Thus the old school is now claiming as new just what the Homeopaths have known and practised for a century. The force of gravitation is toward the Homeopaths, but the rush has been so great, due to the preponderance of weight and numbers, that there is danger of being asphyxiated in sight of promised land.

Roosevelt says, "that if a nation is to survive it must cultivate the stern and virile virtues." If Homeopathy is to endure as a school of medicine, we must act in unison, stand firm against the encroachments of the enemy, and demonstrate to the satisfaction of all thinking people that Homeopathy stands for the most advanced theories extant today.

Troy, Ohio, June 23, 1910.

SPIDER AND THE FLY.

(Continued from page 320.)

Although many have hinted at the fact that medicines will cure diseases having symptoms similar to those produced by this drug when given to a healthy individual, it remained for Hahnemann to make these facts known to the world. He and his followers took up this new subject in a most scientific way, proving each drug thoroughly before ever giving it to a patient. How different from our allopathic brother who must depend on the clinical experience of his fellow practitioner, not at all scientific, to say the least.

As a result of his untiring efforts Hahnemann left ten volumes of these provings, beside the many rich volumes on various other subjects.

The first law to be brought out by him was that no drug should be used on a patient until it had been proven on the healthy individual; this law has been fairly well kept, but the next has been fearfully violated, namely, that only one remedy should be given at a time; this I know from personal experience is very hard to keep; for instance, we are confronted by a delicate case in which two remedies seem equally indicated, and neither shows a preferable symptom, we are tempted, and often do, prescribe both, either from lack of knowledge of materia medica or from the lack of time to look it up, and again we are afraid that if we tarry too long on the case we are liable to be discharged, and just here I would say that it behooves us to make friends with our materia medica; let it be our constant companion.

The dose, says he, shall be small enough not to cause any general disturbance of the system, its action being limited to that portion of the body which is in a morbid state. The size of this dose must necessarily be regulated by the amount of aggravation produced by the different potencies, that is, if the aggravation is too great to lower the potency, and if there is no aggravation raise the potency.

The effect of a drug depends upon one of two things, first, the form in which it is given, and secondly, the state of the body of the person taking it; for example, give a five-grain pill of Belladonna to a strong, robust and healthy man and you will have few if any bad symptoms, but take this same pill and dissolve it in a quart of water and direct him to take an ounce every hour and a much different state will be found, he will show all the toxic symptoms of the drug, and just so will be the effect of any drug given in this way. Now, if you have a patient giving symptoms-similar to those just mentioned, and will give this drug according to the homoeopathic theory, that is, in the smallest dose possible, a cure will be effected.

Likewise the second clause has much to do with the effect of the drug, namely, the condition of the person taking it. We all know that disease denotes an increased and unnatural sensitiveness of some tissue or organ of the body; for example, we note that an inflamed eye cannot stand the same amount of light that the healthy one can, neither can an inflamed stomach, stand all classes of food; for these very reasons a drug given to a person with a morbid condition in some part of the body should be much smaller than that given to a healthy individual for the proving.

Numbers of cures have been made along the lines of similar by our old school brothers, without their knowledge of the reason for the cure. It is told of Hippocrates that he made many cures of violent cholera by the use of the White Hellebore or Veratrum album, which symptoms it will give if taken in large doses by a healthy individual.

All drugs given in large doses have both a primary and secondary effect, thus the primary effects of Aconite are chilliness, tingling, numbness, weakness and feaver, while the secondary effects are much different having heat, flushing and general physical and mental excitement.

The Homoeopath by reducing his dose has eliminated the secondary effects, and can go much deeper into his case than he who must always fear the secondary effects of his treatment, for example, Opium will produce marked constipation for its primary effect, while the secondary effects are just the opposite, namely a profuse diarrhoea. Opium if given homoeopathically will cure these very cases of constipation, and will also if given in the very high dilutions cure this same diarrhoea.

It has been demonstrated time and again that these drugs prescribed in large doses without a symptom index will often do irreparable damage.

Question some old school practitioner as to his treatment of pneumonia and he will invariably tell you Veratrum viride, now consult your homoeopathic provings and see if this drug does not fit fully seventy-five per cent, of these cases; you will almost be led to believe that he is prescribing on the symptam index, but he is not, he only gives it because it happened to cure some one else.

Our allopathic brother is prescribing Quinine as a routine treatment for malaria, not knowing I do not suppose, that this one drug more than any other has to do with the foundation of Ho-

moeopathy. For, as you all know. Hahnemann made his first experiments with this drug, seeing its great similarity to malaria is what caused him to investigate the theory.

With this somewhat extended preface we come to the subject of the paper, which I think deserves our closest attention at this day and age, "The Spider and the Fly."

Not Theridion and Cantharides, as you might expect, being placed before the medical profession, only the old, old story of the spider and the unwise fly.

Did you ever stop to watch a spider spin his web; does he make it cumbersome and uninviting? Oh, no, every silken thread and every nook and corner must be perfect, and why you might ask. Because he knows that if he would catch his game he must make his abode most enticing, and just as this little spider spins his little web for the fly, so also does our allopathic brother spin his web for the unsuspecting Homoeopath, who, playing the part of the fly, falls in.

The next question is, in what way does he set this trap? He is the spider and his web is in the form of a scientific medical society, so called, he is approaching you along many lines; first, he tells you of the many advantages that you might obtain by becoming one of them, next he tells you of the great things that might be done by the combined efforts of all the schools, and on and on he will picture to you in gorgeous colors what you are missing by not joining them. But lo! and behold, when you have once joined them and the curtains are lifted a much different sight meets your eye; you are not one of the leaders as you thought, only a figurehead, or, in other words, the black sheep of the flock. I have heard the question asked numbers of time, What does he know? He is only a Homeopath, and a great many other remarks made about men of our ranks that have already fallen into the snare.

The good that we might receive by this union I think is often measured out to us in our own dosage, I would say about the Impotency. These results were brought out very forcefully by a paper read before the Kentucky State Society of last year, entitled "Cold Water Cure." The author very nicely brought out the active hyper

æmia of excitement just previous to the joining, and the after-effect he likened unto a person being submerged into a bath of cold water.

I am not prejudiced in my belief, as it might seem, for I am an allopath by birth, spending four years in the allopathic school, and in constant association with men of that school, since the time of my graduation from that school some five years ago I have been associated with them both in my private work and also my hospital work and I know where of I speak.

At this point the question arises as to what is their reason for wanting us to join with them. This may be answered in a number of ways. First, They wish to increase their membership, and by so doing have more influence on legislation, which is being proven the country over at the present time.

Second, They know that if the Homoepaths are affiliated with them they are not so likely to work against them, and this I believe is their main reason. It is easy for them to tolerate us in their societies if by so doing they can keep us in submission.

Third. If they can persuade by any manner or means a majority of the Homoepaths to join them it will only be a matter of time until they have completely abolished the name of Homeopathy, and combine all under one name; by so doing the Homeopath loses his distinction as a separate school and loses many patients whom he now holds because of his way of treating. These patients would naturally drift into the folds of the allopath, they the winner we the loser.

As the old saying goes a man never complains until a thing hurts; it behooves us to keep on hurting and not to antidote the good we have already accomplished. Homoepathy is growing and we are getting better men in the field every day, and this without the aid of any other school of medicine. Why then disturb the good work?

The next question to confront us is—Would we in any way be benefited by the the union? I say no, and I mean to prove to you contentions.

First, I would ask, have we anything in common that we might

share? Their science is along the line of laboratary work and physical diagnosis, while ours is along the line of materia medica and the prescribing of drugs along nature's art. Could we benefit our selves here?

A Second, Our drugs and the way we prescribe them is along an altogether different line. We prescribe for symptoms and they for the so-called cause. Here also we would derive but little benefit.

Third, Being so directly opposite as these two schools are it is not possible to be on the fence, as the old saying goes, we must be either one or the other. First, let us be honest in our convictions. If we believe Homeopathy let us practice and preach it and nothing else, if we believe allopathy it would be better to drop the name Homoeopath and not play the part of the wolf in sheep's clothing.

After submitting to you the foregoing evidence I ask you for an honest verdict; is Homoeopathy or allopathy the most scientific when it comes to the cure of the patient, is diagnosis or treatment most essential, and which do you prefer?

As final evidence in behalf of Homoeopathy I would point you to the great number of physicians who like myself have studied bothe allopathy and Homoeopathy who are now practicing nothing but Homoeopathy. Out of every hundred physicians who have studied both I feel confident in stating that ninety-five are practicing Homoeopathy.

Eurther, let me call to mind an incident that occurred during the early part of Hahnemann's homoeopathic career. The theories of this new school, as it was then called, had taken quite a hold on the people, so much so that the medical society of London took it upon themselves to investigate what they called the fraud Homoeopathy. To attain this end a committee of five was appointed; they were to investigate and report to the society; as a result three of the committee turned Homoeopath, and the other two never reported. One of the three that turned Homoeopath was no less a personage than Dr. Constantine Hering. Again, I ask if men of the stamp of Dr. Hering could turn down a society of the old school to take up with the new, why should we not keep our identity and distinction as a separate sect. or class.?

Let us take this evidence to heart and give (as the boy says) the allopathic society a wide berth before we are severely stung by this spider.

THE NAILS, AS INDICATORS OF HEALTH.

As an indicator of general health and robustness of constitution, the nails are very valuable. Medical men in both London and Paris have lately taken up this study of the nails with great interest. Often a patient does not know, or for the moment forgets, what his parents have suffered or died from; but an examination of the nails will in a few seconds disclose important hereditary traits. In order to lay the foundation for a good understanding of these matters, we will for a moment consider their structure and uses.

Microscopically examined, nails are composed of minute hair-like fibres, so closely knit together that they adhere to each other; and form a compact horn-like substance. The nails grow out of the skin at the ends of the fingers, and do not grow from the muscle or bones. There are located at the ends of the fingers a great number of nerve cells which make possible the sense of touch possessed by this part of hand, and it is evident that one use for the nails is to protet and shield from harm this concentration of delicate nerve filaments. In order that the sense of touch may be extremely acute, the nerves must be as near the surface of the skin as possible. If there was no protection afforded by the nails this could not be, and with the nerves of touch deeply imbedded under the skin, the sense of touch would be a blunted one.

Let us now consider the health side of the question as shown by this study. In the first place, the care of the nails does not altar or affect their type in the slightest degree: whether they are broken by work or polished by care, the

type remains unchanged. I have conceived them to be windows, through which one might look virtually into the interior organization of the human being, since the part which lies under the nail, and which is commonly called the quick, is intensely delicate and sensitive, and has conveyed to the surface in the most accurate! manner all the secrets of the circulation. All these will be more clear as we proceed.

First of all, let us take the texure of the nail under this head, remember that the horn of the nail should be even and smooth in surface, the grain of the nail which runs from top to base must be smoothed and not composed of ridges, or flutings as we call them. Where the nail texture is smooth it is because the filament that form the nail substance are all of all one size, while fluted nails are made of fibres of different sizes growing together. The nails must also be pliable, not brittle; it must look alive and elastic. The fluting, or ridging. of the nail from the top to base is an indication of nervous disorder. Accompanying this fluted appearance, if the case be serious, will be found a brittle condition of the nail, causing it to break easily, and instead of growing over the end of the finger in a protecting way, it is growing away from the flesh, seemingly not adhering firmly to the quick. The white spots which appear on the nails are the first warning of delicate nerves, though there may be no knowledge. on the part of the subject, that his nerves are not perfectly sound. The white spot indicate a beginning of the loss of vitality of the nail from deficient nerve force, and are nature's first warning of trouble ahead. As the disorder increases, the white flecks first grow larger, then grow together, then cover the whole nail, taking away the transparency and clearness. The window glass, as I have called the nail has become clouded. Following this condition, ridges begin to appear, these grow more and more pronounced and frequent, and soon the fluted nail manifests itself. By this time the

patient is painfully aware of his nerves. As the fluting grows more pronounced, the nail grows brittle. begins to turn back from the end, loses its graceful shape, and becomes high on one side of the finger and low on the other, or is very short because the nail is bitten down into the quick. At this stage there is great delicacy of nerves or grave danger of paralysis. The nerves under the nail are thus reflecting by means of the nail the disorder which has occurred in the greatest of our nerve centres, the brain and variety of the nail is being burned up, the oil dried out of it, the filaments, instead of binding themselves together in a homogeneous mass, are piling on top of each other, and the nervous confusion of the system is producing a confusion of the nail structure and life. Thus in this progression from the mere warning conveyed by the white flecks, through the stage of fluting, to the brittle. turning back nail, you can trace the 'degree of danger from nerve destruction or disorder in your patient. I have seen cases where smooth, even-textured nails, after a sudden attack of nervous prostration, grew out white and cloudy in color, and strongly fluted. I have seen these same nails, as health returned, gradually resume their normal texture and lose fluted appearance.

There is another indication which I have often verified, where the nail shows a ridge crosswise. Seemingly the nail has stopped growing, its vitality has been interrupted. It is as one nail had died, and another had grown on to the finger to replace it. This cross-ridged nail shows that a serious illness has interrupted the health of the subject, and that the illness was attended with grave danger.

Next, we come the type of the nails. In this regard it has been my observation that a narrow nail shows a person who has not robust muscular strength, but is carried by

nervous energy—and a broad nail indicates a robust constitution, especially if the nail be, as it often is, red in colour. But neither the broad nor the narrow nails are indicative of special diseases.

There is a nail which is small in size though regular in form, with the end quite square, and tapering toward the base, or the base may be the same width as the outer end. It is a nail which shows heart trouble and more of an organic difficulty than a lack of circulation.

There is another kind of nail which you will meet, that is so pronounced in its formations that, once seen, it will never be forgotten or mistaken for any other. The end of the finger as well as the nail plays a part in the formation of it. It is a bulbous nail and grows or a bulbous finger-tip. This is the nail which shows an advanced stage of consumption or tubercular trouble. Some authorities say it is a lack of nourishment that produces it, and among many physicians it is a well-known and recognized indication of tubercular trouble located somewhere in the patient.

There is another nail which has a curved formation approaching the bulbous, though in a very slight degree. In this case the end of the finger has not taken on a bulbous formation, but only the nail show a decided inclination to curve it is not in any sense the bulbous nail metioned above; and it is in almost all cases found to be a large nail. The indications shown by this nail are delicacy of bronchial tubes and throat. Sometimes it may go as far as a weakness of the lungs but not of advanced disease. It shows one who is exceedingly liable to colds at least, and for whom sudden changes of temperature produce disturbance of throat and bronchial tubes. It is a delicacy to be guarded against, and the patient should always be warned to use care and avoid taking modes.

Now, I shall conclude this article after considering the colours of the nail. Red and pink colours are indications of good health; yellow indicates biliousness. The bile, whose function is to assist in the digestion of the food, was never intended to get into the blood, It should be carried away through the intestines and, having performed its natural function, disappear. But cases arise where the liver secretes too much bile, and a portion finds its way into the blood ·Bile then becomes an irritant, a poisonous foreign substance, which vitiates the blood stream. Bile is yellowish in colous, and the blood in its course is constantly anxious to rid itself of the irritant, it embraces every opportunity to deposit the bile pigment whenever it can do so. When blood containing too much bile reaches the surface of the skin some of the bile pigment is left, and gradually the skin assumes a yellow colour, more or less intense according to the amount of the bilious overflow into the blood... lastly, we come to the blue nails. When you see the deep-set blue at the base of any type of nail, you will at once recognize poor circulation and a weak heart. A faint blue tinge covering the whole nail will show you a nervous person with some heart weakness.

-M. S. JOURNAL.

HOMŒOPATHY & BIOCHEMISTRY.

Most Homeopathists hold that each drug is the product of the same force which produces a particular pathological lesion in the human organism, that the peculiar characteristic property of a drug is contained in its immost essential principle which constitutes its active force and that the contact of the drug principle with the morbidly affected vital principle brings about the cure. The drug by virtue of its

superior intensity externalises the morbid force and destroys it by neutralisation. The morbific force of a disease acts internally, while the active principle of a drug originally impresses the external tissues and sets up purely external disturbances of the organism. Hence the efficacy of a drug depends upon the closeness of the similarity of its essential principle to that of the disease. Therefore "Similia Similibus curenter" is the principle of cure.

Biochemistry denies this theory. It holds that a disease is produced by a disturbance in the molecular movements of any of the organic salts of a tissue. They are supported by Professor Virchow who considers disease to be "an altered or changed state of cell." The Biochemists hold that the identical inorganic substance of which the cell is composed administered as medicine in the smallest dose, supplies the deficiency of the salt in the chain of the molecules affected. The twelve Biochemic salts, i. e.

Phosphates

Of lime, or Calcaria phosphorica
Of iron, or Ferrum phosphoricum
Of potash, or kali phosphoricum
Of soda, or Natrum phosphoricum
Of magnesia, or magnesia phosphoricum
cum

of potash, or Kali muriaticum

Chlorides

of soda, or Natrum muriaticum.

of lime, or Calcaria Sulphurica of soda, or Natrum sulphurica of potash, or Kali initiaticum.

Fluoride of lime, or Calcaria flurica and Pure Silica er Silica.

constitute the inorganic constituents of the cells. Therefore each one of these salts, when administered in an attenuated form, finds its way into the particular tissue composed of the same salt to fill up the gap, occasioned therein by ab-

normal conditions and thus brings about the cure of a disease.

Hahnemann, in his "Organon' says: "It is solely the morbidly affected vital principle which brings forth diseases: that in disease this spontaneous and immaterial vital principle, pervading the physical organism, is primarily deranged by the dynamic influence of a morbific agent, which is inimimical to life. Only this principle, thus disturbed, can give to the organism its abnormal sensations and incline it to the irregular actions which we call disease."

Every drug possesses a kind of elective affinity for some particular organ or structure of the organization. It acts directly or specifically upon it, and Homoeopathy teaches that to cure a disorder we must use a medicine which can itself produce an affection similar to that sought to be cured The disease points out the remedy by the "totality of the symptoms," a similarity between the symptoms of a disease, and those produced by a drug or a healthy person, as recorded in a materia medica. The similarity should be in the essential elements and pathological changes as determined by the "totality of symptoms," both subjective and objective, both surface and deep. The Homoeopaths believe that the capilaries are the instruments of diseases, and that the remedies must be able to influence them.

The Biochemists maintain that disease is but a condition due to a lack of some inorganic constituent of the blood. Blood contains organic and inorganic matter. The organic constituents are sugar, fat and albuminous substances, and the inorganic costituents are water and the Biochemic salts detailed above. These salts are workers of organization, and use the water and organic substances in building up the cells of the body, consequently a lack of this salt gives rise to abnormal conditions known as disease.

Each mineral salt has an affinity for certain organic materials and in the building up of the body. Thus—

Nat. mur.—is found in cartilage and nervous cells and also in the fluid part of the body. It uses water in building up body and a deficiency causes a drawing of the moisture from other parts giving rise to dangerous and even fatal results as in sun-stroke.

Nat. phos,—decomposes lactics acid. It works with acid to form new compounds and a lack of it causes fermentation and indigestion.

. Nat sulph. - Removes excess of water from the symptoms and a tack of it causes malarial fevers.

Kali mur—Works on fibrine and causes inflammatory exudation, gastrites, flatulence, constipation, cystites &c.

Cale fluorica—is found in the connective tissues and enamel of teeth.

Cale phos—Works on bone tissues and albumen and teething disorders, weakness of the uterine region, rheumatism &c. are caused by a lack of it.

· Calo sulph—cleans out an accumulation of neteroplasm in the interstics of tissues. It also controls suppuration, and skin affections, abscess of the liver &c.

Fer phos.—colours the blood corpuscles red, and carries oxygen to all parts of the body causing an increase of circulation and heat of the body.

Kali phos.—It controls the grey matter of the brain and affects nervous disorders, mental disorders, rheumatic pains, neuralgic pains, itching of the skin with crawling sensation &c.

Kali sulph—Oils the skin, and cures earache, piles hot and dry skin, inflammation with watery, yellow or greenish purulent secretions

Mag phos,—is found chiefly in the white fibres of the

nerves and muscles, and its deficiency gives rise to cramps and spasms, checking neuralgia of ovaries, limbs, lock-jaw hiccough &c.

Silica pure or silicea - has to do with all suppurative process and the first stage of swellings.

Biochemistry therefore does not go against the fundamental priciple of Homeopathy. "let likes be treated by likes"! Its salts supply a homogeneous material to a diseased organite is therefore complementary to Homeopathy.

Having studied Homeopathy for 22 years and seen the effects of Homeopathic remedies and biochemic salts given in alternation, I am inclined to think that a disease can be cured with greater certainty if the appropriate cell-salt is given in alternation with the appropriate Homeopathic remedy, especially in a case where the latter does not cover all the essential symptoms of the disease. The salt will supply the defeciency in the cells, and the drug will externatise the morbid force all the more easily. I submit this suggestion with all deference for the consideration of the great leaders of Homoeopathy. I will revert to this subject if encouraged to do so.

Husangunj, Lucknow Monohar Lal Deb.

Book Review-

Schussler's Biochemic Treatment in Bengali, by Dr. Prankrishna Sen, homeopathic and biochemic physician, published by H. D. Manna & Co. No 8 Gulu Ostagar's Lane, Darjeepara, Calcutta. We regret the delay! in reviewing the book which has been very kindby sent to us by its author Dr. Sen. He is an old friend of ours and a book like the one before us is indeed very welcome. From the

preface and from what little we have been able to read of the book we gather, that it is a very useful book for treatment according to Dr. Schussler's method. It is a very extensive work dealing with the therapeutic value of the different combination remedies that have been otherwise called Tissue remedies by Dr. Schussler. This is neither the place nor the time to enter into the merits or demerits of the biochemic system of treatment. Suffice it to say that we have used these combination remedies namely those that have been proved according to our system of treatment, and have found some of them invaluable. But we want to impress upon the author's mind that we have never used them according to the biochemic theory; neither are we prepared to admit like the author that we use biochemic remedies on the sly from time to time. When we have the immutable law of nature. Homeopathy before us, we need do nothing dishonourable. Moreover we do not believe in short cuts, as there are no royal roads to the healing of the sick.

The book is well got up and is priced at Rs 2 per copy.

J. N. M.



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টিটৰ শিশিতে হোমিওপ্যাধিক ঔষধ ড্ৰাম /৫, /১০ প্ৰসা।

এম, সি, দাস এও কোং।

১১৫। ৫ কর্ণওয়ালিস খ্রীট, শ্যামবাজার, কলিকাতা।

ঔষধসমূহ আমেরিকা ও আর্মানীর প্রধান প্রধান ঔষধালয় হইতে আনাইর। স্থলত মূল্যে বিক্রের করিডেছি।

ভাক্তার স্থীরমোহন দাস (হোমিওপ্যাথিক) এল, এম, এস, হারা ঔষধা-লয় পরিচালিত। গৃহ ও কলেরা চিকিৎসার বাক্স, পুতকে, ডুপান, ক্যান্দার লহ ১২, ২৪, ৩০, ৪৮, ৬০, ৭২, মৃল্য ২১, ৩১, ৩॥৮০, ৫।০, ৬।০ ৭।০ টাকা।

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